

**IMPLEMENTATION UPDATE GUIDE  
FOR CHCS S/W VERSION 4.51 TO VERSION 4.6  
FOR MCP**

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Table of Contents

<u>Section</u>	<u>Title</u>	<u>Page</u>
	How To Use This Document .....	v
1.0	SUMMARY OUTLINE .....	1-1
1.8	USE CURRENT END ELIG DATE TO DETERMINE AD DISENROLLMENT ..	1-1
1.9	SET PCM CAPACITY FOR MEDICARE ENROLLEES .....	1-1
1.10	LIST ONLY PCM GROUP MEMBERS IN HELP TEXT .....	1-1
1.11	DISPLAY DEERS INFO IN PAS FOR MEMBERS NOT ENROLLED .....	1-2
1.12	AUTOMATIC ELIGIBILITY CHECK FOR CONDITIONAL ENROLLMENT ..	1-2
1.13	AD ASSIGNMENT TO EXTERNAL PCM .....	1-2
1.14	PROVIDER PLACE OF CARE INACTIVATION .....	1-3
1.15	UIC TOTAL SOLUTION .....	1-4
1.16	MISCELLANEOUS CHANGES .....	1-4
1.16.1	ENROLLMENT BASED CAPITATION (EBC) UPDATES .....	1-4
1.16.2	PAS DEERS INELIGIBILITY REPORT .....	1-4
1.16.3	APV APPOINTMENTS AND LOCATIONS .....	1-4
2.0	SUBSYSTEM CHECKLIST .....	2-1
2.1	USER TRAINING .....	2-1
2.2	IMPLEMENTATION ISSUES .....	2-2
2.3	INTEGRATION ISSUES .....	2-3
2.4	FILE AND TABLE ISSUES .....	2-5
2.5	SECURITY KEYS .....	2-6
3.0	CHANGES AND ENHANCEMENTS .....	3-1
3.1	USE CURRENT END ELIG DATE TO DETERMINE AD DISENROLLMENT ..	3-1
3.1.1	Overview of Change .....	3-1
3.1.2	Detail of Change .....	3-1
3.1.3	File and Table Change .....	3-4
3.1.4	Implementation Issues .....	3-4
3.2	SET PCM CAPACITY FOR MEDICARE ENROLLEES .....	3-5
3.2.1	Overview of Change .....	3-5
3.2.2	Detail of Change .....	3-6
3.2.3	File and Table Change .....	3-12
3.2.4	Implementation Issues .....	3-12
3.3	LIST ONLY PCM GROUP MEMBERS IN HELP TEXT .....	3-14
3.3.1	Overview of Change .....	3-14
3.3.2	Detail of Change .....	3-14
3.3.3	File and Table Change .....	3-18
3.3.4	Implementation Issues .....	3-18
3.4	DISPLAY DEERS INFO IN PAS FOR MEMBERS NOT ENROLLED .....	3-19

3.4.1	Overview of Change .....	3-19
3.4.2	Detail of Change .....	3-19
3.4.3	File and Table Change .....	3-26
3.4.4	Implementation Issues .....	3-26
3.5	AUTOMATIC ELIGIBILITY CHECK FOR CONDITIONAL ENROLLMENT ..	3-26
3.5.1	Overview of Change .....	3-26
3.5.2	Detail of Change .....	3-26
3.5.3	File and Table Change .....	3-28
3.5.4	Implementation Issues .....	3-28
3.6	AD ASSIGNMENT TO EXTERNAL PCM .....	3-28
3.6.1	Overview of Change .....	3-28
3.6.2	Detail of Change .....	3-29
3.6.3	File and Table Change .....	3-33
3.6.4	Implementation Issues .....	3-33
3.7	PROVIDER PLACE OF CARE INACTIVATION .....	3-34
3.7.1	Overview of Change .....	3-34
3.7.2	Detail of Change .....	3-34
3.7.3	File and Table Change .....	3-49
3.7.4	Implementation Issues .....	3-50
3.8	MCP UIC TOTAL SOLUTION .....	3-51
3.8.1	Overview of Change .....	3-51
3.8.2	Detail of Change .....	3-51
3.8.3	File and Tables Changes .....	3-54
3.8.4	Implementation Issues .....	3-54
3.9	MISCELLANEOUS CHANGES .....	3-55
3.9.1	Enrollment Based Capitation (EBC) Changes .....	3-55
3.9.2	PAS DEERS Ineligibility .....	3-55
3.9.3	APX Appointments and Locations .....	3-55

#### LIST OF APPENDIXES

<u>Appx</u>	<u>Title</u>	<u>Page</u>
A	GENERIC/COMMON FILES CHANGES .....	A-i
B	MASTER CHECKLIST .....	B-i
C	TRAINING & FILE/TABLE BUILD MATRIX .....	C-i
D	DATA COLLECTION FORMS .....	D-i
E	FAMILIARIZATION TRAINING PLAN .....	E-i
F	SAMPLE REPORTS .....	F-i

## How To Use This Document

The Implementation Update Guide (IUG) is a reference manual for the implementation of CHCS Version 4.6. There is an IUG for each functionality. This IUG is applicable to the MCP subsystem.

The Table of Contents provides an outline of the information contained in this guide. The document is divided into the following sections:

HOW TO USE THIS DOCUMENT - A description of the document and how to use it.

1. SUMMARY OUTLINE - Brief overview of changes-this can be used as a hand-out to all users.
2. SUBSYSTEM CHECKLIST - This is a step by step list of pre- and post-install implementation activities.
3. CHANGES AND ENHANCEMENTS - a description of each change with subsections including an Overview, Detail of Change, and File and Table Change.
4. APPENDIXES - applicable information pertaining to the implementation of Version 4.6 including Common Files changes, and a Master Checklist for all Subsystems.

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## **1. SUMMARY OUTLINE.**

### **1.8 USE CURRENT END ELIGIBILITY DATE TO DETERMINE AD DISENROLLMENT.**

**Active Duty** beneficiaries with the ACV (Alternate Care Value) of 'A', will have a Disenrollment Grace Period set by a site defined parameter.

The Grace Period parameter will be used to determine when CHCS will disenroll these beneficiaries. At the end of the Grace Period the MCP Status and Disenrollment Reason will be updated and a DEERS disenrollment update transaction will be transmitted if the AD patient has not renewed their enrollment.

Beneficiaries with Enrollment End Dates that are within the Grace Period will maintain the status of Enrolled until the end of the Grace Period.

### **1.9 SET PCM CAPACITY FOR MEDICARE ENROLLEES.**

This change will allow users to set capacity limits on the numbers of Medicare beneficiaries who may be assigned to individual Primary Care Managers (PCMs) and provider group PCMs. A sixth Beneficiary Category, "Medicare", will be created, in addition to the existing five Beneficiary Categories under which capacity limits for PCM assignments are currently defined. CHCS now assigns beneficiaries who are Medicare eligible, 65 years of age or older and are not CHAMPUS eligible, to this new category. Changes have been made to data entry, processing, and output of PCM Enrollment Mix information to accommodate the new MCP Beneficiary Category.

**\*NOTE: Currently, the Medicare Subvention Demonstration project will not allow enrollment past Dec 31, 2000. The CHCS training data base (version 4.6) utilizes dates in the year 2001 and beyond to permit the software to work as designed. The Training Data Base is not intended to depict the Medicare Subvention Demonstration project as extending beyond Dec 31, 2000. The Live CHCS environment will not permit enrollments beyond Dec 31, 2000.**

### **1.10 LIST ONLY PCM GROUP MEMBERS IN HELP TEXT.**

The initial provider picklist available at the "Referred By" field in the Health Care Finder Appointment Referral Booking option (AHCF) will include only those providers who are members of the provider group to which the patient is assigned. If the

user needs additional help, all network and non-network providers in the master list will alphabetically display. If the patient is not enrolled in MCP, the initial provider picklist will alphabetically display all network providers.

#### **1.11 DISPLAY DEERS INFO IN MTF BOOKING FOR MEMBERS NOT ENROLLED.**

DEERS maintains all Tricare enrollment information for all patients. Whenever a patient attempts to access medical care at an MTF and they are Tricare enrolled at a different facility on a different system, CHCS will download the enrollment information and store it in the patient file. Patients affected are those with ACVs of Active Duty (A), TRICARE Senior Option (D), or CHAMPUS (E). The information contained in DEERS includes the ACV (code and description), DMIS ID (code and description), Region Code, PCM Phone, PCM location description, date of last DEERS Check, Direct Care eligibility, Champus eligibility, eligibility start and stop dates, and Medicare eligibility. This information will display on the Enrollment/Empanelment Information screen for Mini and Full registration for both locally empaneled and remotely enrolled patients with ACVs of Active Duty (A), TRICARE Senior Option (D), or CHAMPUS (E). For patients with an ACV of C or N, a prompt will allow the user to display the eligibility information in Mini Registration. Additionally, a booking clerk in a PAS clinic with the Enrollee Lockout enabled, will be able to view the PCM's phone number, the PCM's location, and the date of the patient's last eligibility check on DEERS for all enrolled patients. This applies to patients enrolled locally as well as those enrolled in another region.

#### **1.12 AUTOMATIC ELIGIBILITY CHECK FOR CONDITIONAL ENROLLMENT.**

The system will automatically perform DEERS Eligibility checks, every 7 days up to 120 days from the MCP Enroll date for MCP Beneficiaries with the MCP Status of 'Conditional Enrolled'. When appropriate the system will update the MCP Status based on the eligibility response.

Currently performing DEERS eligibility checks is an interactive process. Existing capabilities for Conditional Enrollment Processing and Interactive Eligibility Checks will remain available.

#### **1.13 AD ASSIGNMENT TO EXTERNAL PCM.**

This change allows assignment of active duty beneficiaries to contractor network PCMs with the agreement types of NET or SUP in



addition to direct care providers with agreement types of MTF and CON.

CHCS will display PCMs with available capacities from the contractor network in addition to direct care PCMs during the enrollment process. The ability to assign active duty beneficiaries to civilian network PCMs with the agreement type of NET or SUP will be limited to authorized MCP users who are assigned the new security key, **CPZ PCM AGR LOCK**.

A conversion will set the capacity field to null for those providers who participate in the agreement types of NET and SUP. This will make the active duty beneficiary category capacity for these agreements unlimited but may be edited after this change is loaded.

#### **1.14 SUMMARY OF PROVIDER PLACE OF CARE INACTIVATION.**

This change is designed to make the CHCS software used to inactivate a provider, clinic, or place of care consistent throughout PAS and MCP. CHCS allows an authorized PAS/MCP (TRICARE) user to inactivate a provider and a clinic/place of care using the Patient Appointment and Scheduling (PAS) or the Managed Care Program (MCP) modules of CHCS.

Previously PAS allowed the user to enter a past date, today's date or a future date. As soon as the inactivation date occurred, the inactivation occurred immediately. MCP/Tricare only allowed the user to enter an inactivation date in the future.

PAS previously did not check for any pending appointments, wait list requests or PCM assignments linked to the inactivation. MCP checked for pending appointments, wait list requests and PCM assignments linked to the inactivation. If any discrepancies were found via MCP, the system prompted the user to generate a Discrepancy Avoidance Report. All discrepancies linked to the inactivation had to be resolved before the inactivation could occur.

PAS and MCP now allow past, present or future inactivation dates and the Discrepancy Avoidance Report is available through the PAS functionality. This report is also available via MCP and PAS whenever another functionality inactivates a provider.

**NOTE: An inactivation via MCP may only occur within MCP and is NOT NECESSARILY an inactivation in PAS. See section 3.14.2.2**

### **1.15 OVERVIEW UIC TOTAL SOLUTION.**

MCP Enrollment and booking clerks who update mini-registration records will now be required to select the UIC from the UIC file. Free text entry is no longer permitted. UICs which the facility uses may still be added via the Common Files. Modifications to existing files may now be done also via Common Files to reflect common names used at site.

The UIC Maintenance Report has been modified to identify enrolled patients which do not have a valid UIC pointer in the Patient File (UNKNOWN or null). The report is no longer a spooled report and may be printed on demand. Several other reports are now available via Common Files.

Please Refer to the Common Files Implementation Update Guide for more detailed information.

### **1.16 MISCELLANEOUS CHANGES.**

#### **1.16.1 ENROLLMENT BASED CAPITATION (EBC) UPDATES.**

EBC changes were part of a rapid release in software version 4.5. For information regarding these changes, please refer to Manual DS-IM98-6009 dated 13 Feb 1998.

#### **1.16.2 PAS DEERS INELIGIBILITY REPORT.**

Changes to the PAS DEERS INELIGIBILITY report are in the PAS IUG. Please refer to that document for details. The MCP DEERS INELIGIBILITY report remains unchanged.

#### **1.16.3 APV APPOINTMENTS AND LOCATIONS.**

AMBULATORY PROCEDURE VISITS (APVs) to Same Day Surgery locations (APUs) and Requests (APRs) are documented in the PAS, Clinical, and Common Files IUGs. Please refer to those documents for details.

## **2. SUBSYSTEM CHECKLIST.**

### **2.1 USER TRAINING.**

#### **A. USE CURRENT END ELIG DATE TO DETERMINE AD DISENROLLMENT**

- |    |                                    |            |
|----|------------------------------------|------------|
| 1. | MCP Supervisors, MCP F/T personnel | 5 min demo |
|    | Screen #1 of change                | Handout    |

#### **B. SET PCM CAPACITY FOR MEDICARE ENROLLEES**

- |    |                                       |      |         |
|----|---------------------------------------|------|---------|
| 1. | Enrollment Clerks                     | Demo | 15 mins |
| 2. | MCP Supervisors/File &Table personnel | "    | 30 mins |
|    | (includes Enr clerk's demo)           |      |         |
| 3. | Systems/MCP Sup./F&T personnel        |      |         |
|    | Handout: Exception Report             |      |         |

#### **C. LIST ONLY PCM GROUP MEMBERS IN HELP TEXT**

- |    |                     |         |
|----|---------------------|---------|
| 1. | MCP Booking Clerks  | 15 mins |
| 2. | Health Care Finders | "       |
| 3. | MCP Supervisors     | "       |

#### **D. DISPLAY DEERS INFO IN MTF BOOKING FOR MEMBERS NOT ENROLLED**

- |    |           |                            |
|----|-----------|----------------------------|
| 1. | All Users | Handout of the new screens |
|----|-----------|----------------------------|

#### **E. AUTOMATIC ELIGIBILITY CHECK FOR CONDITIONAL ENROLLMENT**

- |    |                 |                       |
|----|-----------------|-----------------------|
| 1. | MCP SUPERVISORS | Handout - This Change |
|----|-----------------|-----------------------|

#### **F. AD ASSIGNMENT TO EXTERNAL PCM**

- |    |  |         |
|----|--|---------|
| 1. | Tricare Enrollment Clerks                          | 15 mins |
| 2. | Tricare/MCP Supervisors                            | 30 mins |
| 3. | MCP F/T personnel                                  | 60 mins |
|    | (Class for F/T includes Clerks & Supervisors demo) |         |

#### **G. PROVIDER PLACE OF CARE INACTIVATION**

- |    |                         |         |
|----|-------------------------|---------|
| 1. | PAS and MCP Supervisors | 30 mins |
|----|-------------------------|---------|

#### **H. UIC TOTAL SOLUTION**

- |    |                  |                 |
|----|------------------|-----------------|
| 1. | MCP Clerks       | 15 mins         |
| 2. | DBA Common Files | Refer to CF IUG |

## **2.2 IMPLEMENTATION ISSUES.**

### **A. USE CURRENT END ELIG DATE TO DETERMINE AD DISENROLLMENT**

POST LOAD

1. Decide on the Grace Period for AD enrolled patients and set the parameter via menu option PARA.

### **B. SET PCM CAPACITY FOR MEDICARE ENROLLEES**

POST-LOAD

1. Print the Exception Report **BENEFICIARY CATEGORY/PATIENT CATEGORY DISCREPANCY REPORT.**
2. Review the report to correct Patient Categories or registration.
3. Review PCM Groups and revises PCM capacities as needed.

### **C. LIST ONLY PCM GROUP MEMBERS IN HELP TEXT**

1. Users entering MCP Referrals can see a list of Providers in a PCM Group by entering double question marks "??".

### **D. DISPLAY DEERS INFO IN MTF BOOKING FOR MEMBERS NOT ENROLLED**

1. Sites can now see where a Tricare patient is enrolled at if not locally enrolled.

### **E. AUTOMATIC ELIGIBILITY CHECK FOR CONDITIONAL ENROLLMENT**

1. CHCS performs automatic checks for Conditionally enrolled patients and update their status when they are finally entered into CHCS.

### **F. AD ASSIGNMENT TO EXTERNAL PCM**

Pre-Load:

1. Determine which external PCMs will be allowed ACTIVE DUTY patients and establish capacities.

Post-Load:

1. Review all external PCMs with agreements of NET and SUP.
2. Define AD capacities for these providers if limit.
3. Assign new Security Key to appropriate users (sec 2.5).

**G. PROVIDER PLACE OF CARE INACTIVATION**

1. CHCS users (i.e., PAS Supervisors, and Managed Care Supervisors) will use the system as they do presently to inactivate and reactivate PAS providers and clinics and MCP providers and places of care. The end result is the same. The process in achieving the end is different.

**H. UIC TOTAL SOLUTION**

Pre-Load:

1. Ensure all registrations are correct when feasible

Post-Load

1. DBA should review reports to correct registrations.

**2.3 INTEGRATION ISSUES.**

**A. USE CURRENT END ELIG DATE TO DETERMINE AD  
DISENROLLMENT**

1. Sites must coordinate with the Lead Agent/Tricare contractors to determine how long a grace period, if any, should be established for AD patients before disenrollment occurs.

**B. SET PCM CAPACITY FOR MEDICARE ENROLLEES**

1. Sites enrolling Medicare patients may now establish PCM capacities for each PCM.

**C. LIST ONLY PCM GROUP MEMBERS IN HELP TEXT**

1. If no provider shows in the "Referred by" field, a user can display a list of PCM providers.

**D. DISPLAY DEERS INFO IN MTF BOOKING FOR MEMBERS NOT ENROLLED**

1. CHCS will interface with DEERS. DEERS Information stored in the Patient File for patients not enrolled on the local system will be updated every time a DEERS check for that patient is made.
2. Enrollee Lockout must be activated in the clinics to utilize enrollee lockout screen enhancements.
3. All users performing new registrations, full or mini-reg, may be able to view a patient's Tricare status.

**E. AUTOMATIC ELIGIBILITY CHECK FOR CONDITIONAL ENROLLMENT**

1. Users may still process conditionally enrolled patients manually as before, although CHCS performs DEERS checks and updates enrollment status every 7 days if appropriate.

**F. AD ASSIGNMENT TO EXTERNAL PCM**

1. DEERS will count AD personnel assigned to contractor PCMs as being assigned to the contractor and will display that DMIS ID.
2. Active Duty Personnel may now be assigned to Providers with Agreement types of NET and SUP.

**G. PROVIDER PLACE OF CARE INACTIVATION**

1. PAS Clinics/MCP Places of Care and providers can be inactivated in a similar manner now.
2. PAS inactivation of Clinics and Providers will affect MCP Places of Care and MCP Providers. MCP Supervisors should be members of PAS Supervisors Mail Groups or have their mail also attached to the PAS bulletins SD INACTIVATE PROVIDER and SD INACTIVATE PLACE OF CARE.

3. MCP inactivation of providers via the PAS PROVIDER PROFILE screen in GNET will affect PAS Providers.
4. MCP Inactivation at the Group and Place of Care Level within the menu option GNET ARE NOT PAS inactivations.
5. Inactivation of providers via any other CHCS functionality will affect PAS and MCP. CHCS will display a message informing the user if the provider has open appointments, wait list requests or linked enrollments.

H. **UIC TOTAL SOLUTION**

1. All functionalities will be affected.
2. MCP UIC/PCM links must be reviewed and corrected where necessary.

**2.4 FILE AND TABLE ISSUES.**

A. **USE CURRENT END ELIG DATE TO DETERMINE AD  
DISENROLLMENT**

1. Set **Grace Period Parameter** field if needed.  
Default is 120 days if no action is taken.

**Menu Path: CA>PAS>MCP>FMCP>FTAB>PARA**

B. **SET PCM CAPACITY FOR MEDICARE ENROLLEES**

1. Reset PCM Capacities if necessary. 5 mins per  
PCM Group

C. **LIST ONLY PCM GROUP MEMBERS IN HELP TEXT**

1. None

D. **DISPLAY DEERS INFO IN MTF BOOKING FOR MEMBERS NOT  
ENROLLED**

1. None

E. **AUTOMATIC ELIGIBILITY CHECK FOR CONDITIONAL  
ENROLLMENT**

1. None

**F. AD ASSIGNMENT TO EXTERNAL PCM**

1. Define AD capacities for External PCMs with agreement types of NET and SUP via menu option GNET unless unlimited capacities are desired. 15 mins. per Provider Group.

**G. PROVIDER PLACE OF CARE INACTIVATION**

1. Ensure PAS TaskMan Bulletin, **SD WEEKLY CLEANUP**, is tasked to run weekly.
2. Attach PAS/MCP Supervisory Mail Groups to the new Mail Bulletins **SD INACTIVATE PROVIDER** and **SD INACTIVATE PLACE OF CARE**.

**H. UIC TOTAL SOLUTION**

1. None

**2.5 SECURITY KEYS.**

**A. CPZ PCM AGR LOCK**

This Key is intended for users allowed to assign AD personnel to External PCMs.

Menus Affected: EENR Enrollments  
BMCP Batch PCM Reassignment  
UBER Batch Enroll AD  
UICP UIC/PCM Maintenance  
GNET Provider Network

Suggested users: Enrollment Clerks  
MCP File/Table personnel  
Personnel performing Batch Enrollments,  
PCM reassignments.

**B. CPZ MCSC**

This key is intended only for use with the MCSC interface in selected regions. This is here for documentation only.

**\*\*DO NOT ISSUE UNLESS TOLD TO DO SO\*\***



**C. CPZ DISENROLL-CANCEL CORRECT (EBC related)**

This key locks the menu option DCAN (Cancel Disenrollment).

Menus Affected: DCAN Disenrollment Cancellation/  
Correction

**D. CPZ TSC LOADER      \*\*DO NOT ASSIGN\*\***

This key was initially for use with MCSC I and the HL7 MCP transfer. This key should not be assigned to anyone.

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### 3.0 DETAIL OF CHANGES AND ENHANCEMENTS.

#### 3.1 USE CURRENT END ELIGIBILITY DATE TO DETERMINE AD DISENROLLMENT.

##### 3.1.1 OVERVIEW OF CHANGE.

**Active Duty** beneficiaries with the ACV of 'A', will have a Disenrollment Grace Period set by a site defined parameter.

The Grace Period parameter will be used to determine when CHCS will disenroll these beneficiaries. At the end of the Grace Period the MCP Status and Disenrollment Reason will be updated and a DEERS disenrollment update transaction will be transmitted. Beneficiaries with Enrollment End Dates that are within the Grace Period will maintain the status of Enrolled until the end of the Grace Period.

##### 3.1.2 DETAIL OF CHANGE.

###### 3.1.2.1 DETAILED WORKFLOW.

The Grace Period processing of Active Duty MCP Enrolled patients is performed by the **CP ENROLLMENT Bulletin** (a hardcoded routine) and requires no user intervention. This is a background process not visible to the end user.

Only users with the CPZ PARAMETERS security key may edit the "Active Duty Disenrollment" field in the MCP Parameters Profile Enter/Edit option.

#### A. MCP PARAMETER FILE:

1. The parameter of 'Active Duty Disenrollment Grace Period' is in the MCP Parameters Profile Enter/Edit option (PARA) as shown in screen 1. This parameter default is set to 120 days. Users must return <cr> through the field to activate it. It may be set to zero days or within a range of 7-120 days, but may not be 1-6 days. The setting of zero will provide the site with the capability to not apply a grace period.

Menu: CA->PAS->MAN->FMCP->FTAB->PARA

### Sample Screen #1 - MCP PARAMETERS PROFILE

---

MCP PARAMETERS: 0124

MCP Parameters Profile

Catchment Area DMIS ID: 0124

Enrollment Mode: DEERS ENROLLMENT

Restrict Enrollment by Residential Address: NO  
Restrict Enrollment for Active Duty Family Members: NO  
Restrict Enrollment for Retired Beneficiaries: NO  
Restrict Enrollment for Retired Family Members: NO

Hours for running Batch Enrollment: 2100 to 0400

Active Duty DEERS Eligibility Parameters:

Date to Perform Annual Eligibility Checks: 05 Oct  
Day of Month to Perform Monthly Eligibility Checks: 17

(new--->) Active Duty Disenrollment Grace Period: 120

---

2. Once set, the number of days in the 'Active Duty Grace Period' parameter may be reduced if desired. If the parameter is reduced, CHCS will transmit eligibility checks to cover beneficiaries whose Eligibility End Date occurred during those grace period days which are no longer covered by the new parameter. For example, if the parameter is reduced from 120 to 30 days, the routine will check the eligibility of those beneficiaries with Enrollment End Dates that occurred within the 31 to 120 day window. The system will then update MCP End Enrollment date with DEERS Eligibility End date.

#### B. FUNCTIONAL PROCESS

1. The CP ENROLLMENT BULLETIN will automatically perform DEERS Eligibility checks for Active Duty Beneficiaries with the ACV value of 'A' [7 days] prior to and on the day of Grace Period expiration.

2. CHCS will then update the MCP End Enrollment date with DEERS Eligibility End date returned from DEERS.

If the MCP End Enrollment date is still expired after the update, the system will change the MCP Status to 'Disenrolled'. The Disenrollment Reason used by CHCS will be 'DE' (Disenrollment/Expiration) and a Disenrollment transaction will be sent to DEERS.

**Note, the disenrollment date for active duty and non-active duty will be their end of eligibility date after the grace period has expired.**

3. Beneficiaries with expired Enrollment End Dates within the Grace Period will maintain the status of Enrolled and continue to display on reports.

C. REPORTS:

1. Formerly CHCS searched by Enrollment End Date to determine if a beneficiary should be included in enrollment related reports. **In version 4.6**, the system will **look at the ACV** to determine the Grace Period, which extends the Enrollment End Date and displays a patient as enrolled on a report.

If a beneficiary has an ACV value of 'A', the Grace Period is determined by the Grace Period parameter setting. If a beneficiary has an ACV value of 'E', 20 days will be added to the Enrollment End Date.

**Note: the Enrollment End Date does not actually change from the original Enrollment End Date. This calculation is a background routine and transparent to the user.**

2. The following enrollment related reports will include Grace Period enrollees in their enrollment statistics.

a. **AD Family Members by Unit Enrollment Roster**

Menu: CA->PAS->MAN->EMCP->OENR->ERPM->ROST->1  
CA->PAS->MAN->OMCP->ERME->ROST->1

b. **Alphabetic Enrollment Roster by Service**

Menu: CA->PAS->MAN->EMCP->OENR->ERPM->ROST->2  
CA->PAS->MAN->OMCP->ERME->ROST->2

c. **Change in Eligibility Enrollment Roster**

Menu: CA->PAS->MAN->EMCP->OENR->ERPM->ROST->4  
CA->PAS->MAN->OMCP->ERME->ROST->4

d. **Disenrollees for Period by Reason Code**

Menu: CA->PAS->MAN->EMCP->OENR->ERPM->ROST->5  
CA->PAS->MAN->OMCP->ERME->ROST->5

e. **Disenrollment Summary by Reason**

Menu: CA->PAS->MAN->EMCP->OENR->ERPM->SUMM->1  
CA->PAS->MAN->OMCP->ERME->SUMM->1

**f. Enrollment Summary Report**

Menu: CA->PAS->MAN->EMCP->OENR->ERPM->SUMM->2  
CA->PAS->MAN->OMCP->ERME->SUMM->2

**g. Patient Category Enrollment Summary**

Menu: CA->PAS->MAN->EMCP->OENR->ERPM->SUMM->4  
CA->PAS->MAN->OMCP->ERME->SUMM->4

3. Beneficiaries in the Grace Period will be included in the build utility listed below.

**a. Family Batch Enrollment Labels Build Utility**

Menu: CA->PAS->MAN->EMCP->OENR->ERPM->LABL->1

**3.1.3 FILE AND TABLE CHANGE.**

- A. The new field "Active Duty Disenrollment Grace Period" will have a default of 120 days. If the site desires a different Grace Period, or none, data must be entered.

**3.1.4 IMPLEMENTATION ISSUES.**

A. Systems functions

1. The CHCS/DEERS Interface must be operational.
2. The CP ENROLLMENT BULLETIN must run nightly.

B. Application functions

1. The parameters 'Date to Perform Annual Eligibility Checks' and 'Day of Month to Perform Monthly Eligibility Checks' are not affected by this change.
2. The addition of this functionality will be applicable in both Local and DEERS enrollment modes.
3. The site-defined parameter will default to a maximum 120 days. It may be set to 0 or anywhere between 7-120.
4. Beneficiaries with an ACV values of 'A' and "E" are eligible for Grace Period processing.

Active Duty with an ACV of "A" is set by these parameters.

Non-Active Duty Beneficiaries with an ACV value of 'E' is a fixed 20 days.

5. CHCS will perform DEERS eligibility checks 7 days prior to and on the day of Grace Period disenrollment for Active Duty beneficiaries.

#### C. New Ad Hoc Fields

##### 1. MCP files

Description of Field	File Name	File #
MCP Patient	MCP Patient	8552,.01
Enrollment End Date	MCP Patient	8552.05,1
ACV	MCP Patient	8552.05,4
MCP Status	MCP Patient	8552.05,6
<b>AD Grace Period</b>	<b>MCP Parameters</b>	<b>8578,13</b>
Eligibility End Date	DEERS Elig/Reg Resp	8909,1.17

A downtime/installation conversion will initialize the new site definable parameter named 'Active Duty Disenrollment Grace Period'. This will be stored in file 8578 with a field name of AD GRACE PERIOD. This field will be populated with 120 day default.

### 3.2 SET PCM CAPACITY.

#### 3.2.1 OVERVIEW OF CHANGE.

This change will allow users to set capacity limits on the numbers of Medicare beneficiaries who may be assigned to individual Primary Care Managers (PCMs) and provider group PCMs. A sixth Beneficiary Category, "Medicare", will be created, in addition to the existing five Beneficiary Categories under which capacity limits for PCM assignments are currently defined. CHCS now assigns beneficiaries who are Medicare eligible, 65 years of age or older and are not CHAMPUS eligible, to this new category. Changes have been made to data entry, processing, and output of PCM Enrollment Mix information to accommodate the new MCP Beneficiary Category.

### 3.2.2 DETAIL OF CHANGE.

#### 3.2.2.1 THE CONVERSION.

Most of the enhancements included in this change are transparent to the user. A conversion will establish a baseline to correct the Beneficiary Category counts of beneficiaries assigned to each Group PCM and each Individual PCM. Additionally, the searches for PCM assignment slots performed by the system will be modified to accommodate a sixth Beneficiary Category (Medicare). This will allow beneficiaries who are grouped under the Medicare Beneficiary Category to be assigned only to PCMs who have remaining capacity for Medicare beneficiaries.

The conversion will run (during downtime) when version 4.6 is installed. It will make the following file, table, and formatting changes:

- A. The "**MED**" Medicare Beneficiary Category will be added to the MCP Beneficiary Categories file (#8565.5). With this addition, the values in that file will be as follows:

	ADY	Active Duty
	AFM	Active Duty Family Member
	RET	Retiree
	RFM	Retiree Family Member
(new)-->	<b>MED</b>	<b>Medicare</b>
	OTH	Other

- B. The Medicare Beneficiary Category field will be added to the PCM History multiple (#8552.06,14) in the MCP Patient file (#8552) for each Medicare enrollee and the value in that field will be updated.
- C. The Medicare Beneficiary Category (MEDICARE) will be added to the Enrollment Mix for existing groups and providers in the MCP Provider Group file #8550.
- D. The number of patients assigned to each PCM will be recalculated under each Beneficiary Category in order to establish a new baseline for each PCM who has enrollees currently assigned to him/her/Group(Team).
- E. The PCM Enrollment Mix screen will be re-formatted to add the Medicare Beneficiary Category (see Screen 1).



Screen 1 is an example of the Enrollment Mix screen after the conversion. The sixth Beneficiary Category, MEDICARE, has been added and the enrollee patient load has been recalculated.

### Sample Screen #1 - PCM Medicare Enrollment Mix

PROVIDER GROUP PCM ENROLLMENT MIX				
Provider Group: SPRING VALLEY MEDICAL GROUP				
Agreement Type: MTF - MTF STAFF				
Dates of Agreement: 22 Mar 1995 - 21 Mar 1996				
Activate Group PCM: NO				
Maximum Patient Capacity: 1900    Age Range to Apply Overall: 1-18				
Total Assigned: 1898				
=====				
PCM Beneficiary Category	Age Range	Capacity	Total Pat Out of Assigned Age Range	
-----				
ACTIVE DUTY		1000	1345	
ACTIVE DUTY FAMILY MEMBER	1 - 18	269	241	Y
RETIREE		160	160	
RETIREE FAMILY MEMBER	1 - 18	171	115	
<b>MEDICARE &lt;--new&gt;---</b>		<b>200</b>	<b>32</b>	
OTHER		100	5	

The Enrollment Mix screen reflects real time patient counts when the screen displays, regardless of whether or not the number of assigned beneficiaries in any given category exceeds the capacity. **Updated PCM capacity restrictions will not be retroactive for currently assigned beneficiaries.** That means that no automatic reassignment will take place. Users who are responsible for Provider Network maintenance will need to evaluate the numbers and, as policy dictates, make reassignments manually.

- F. A list of beneficiaries whose Alternate Care Values (ACVs) do not match their patient category is automatically generated as a by-product of the conversion (**see Screen 2**). Users who are responsible for maintaining patient data may use this list to resolve discrepancies.

**\*\*Note: The Systems Specialist must ensure the report is printed after the conversion runs and 4.6 is loaded.**

## Sample Screen #2 - Conversion Report

PORTSMOUTH NH

6 Apr 1997@1530

Personal Date - Privacy Act 1974 (PL-93-579)  
BENEFICIARY CATEGORY/PATIENT CATEGORY DISCREPANCY REPORT  
End Date/Time of Conversion: 6 Apr 1997@1528

Division: A DIVISION

Beneficiary	FMP/SSN	Age	Med	CHA	Ben	ACV	Patient
ABLE,JOHN	02/124-74-9586	65y	P	N	MED	D	USA FAM MBR AD
ANDERSON,PETER	20/146-25-3372	68y	E	N	MED	D	USMC ACTIVE DUTY
GEARY,CONNIE	02/164-75-9620	69y	S	N	RFM	D	USA FAM MBR AD
JACKSON,ADRIANNE	20/113-56-4933	24y	Q	C	AFM	E	USA ACTIVE DUTY

### 3.2.2.2 DETAILED WORKFLOW.

Most of the enhancements included in this change are transparent to the user. Personnel performing MCP/Tricare Provider maintenance and PCM assignment functions through existing MCP pathways will notice the changes to the Beneficiary Categories primarily in two areas: Provider Network maintenance and enrolling beneficiaries into the TRICARE Senior Option.

#### A. PROVIDER NETWORK MAINTENANCE

Menu Path: CA->PAS->Managed Care->PMCP->GNET->select a  
Provider Group-> Page dn->(A)greements->Enrollment  
(M)ix->select an Agreement

- or -

Menu Path: CA->PAS->Managed Care->PMCP->INET->select a  
Provider-> Select a Group->Agreement  
e(X)ceptions->Enrollment (M)ix -> select an Agreement

Prior to this change the person responsible for Provider Network maintenance entered capacities for only five Beneficiary Categories. Subsequent to the 4.6 install, he/she will be able to enter capacities for six Beneficiary Categories as follows:

	ADY	Active Duty
	AFM	Active Duty Family Member
	RET	Retiree
	RFM	Retiree Family Member
(new)----->	<b>MED</b>	<b>Medicare</b>
	OTH	Other

The data entry of Age Range and Capacity related to the Medicare Beneficiary Category is implemented exactly the same as data entry for the five previously existing Beneficiary Categories, and is subject to the same conventions (i.e., may not exceed Overall Capacity). Refer to Screen 1 for an example of the Enrollment Mix screen.

**B. ENROLLMENT OF BENEFICIARIES INTO THE TRICARE SENIOR OPTION**

Subsequent to the 4.6 install, when a beneficiary requests enrollment into the TRICARE Senior option, the Enrollment Clerk follows the existing MCP pathways for enrollment. The searches for available slots may appear to be the same to the user, however, the search criteria which the system employs now includes the following:

1. CHCS first checks to see if the beneficiary is Medicare eligible. The system categorizes patients who are Medicare eligible according to their DEERS Medicare Status (Medicare field #2,9031 in the Patient file #2). The following values comprise the set of codes which define Medicare Eligibility (DEERS MEDICARE STATUS) in the Patient file:

E	Eligible (over 65)
N	Not Eligible
O	Eligible (became eligible after 65)
P	Purchased
Q	Eligible (under 65)
S	Over 65, not eligible

If the beneficiary is Medicare eligible, the system then checks the beneficiary's age; and finally, checks to see if the beneficiary is CHAMPUS eligible (field #2,9000.16 in the Patient file #2). The following values comprise the set of codes which define CHAMPUS eligibility:

C	CHAMPUS ELIGIBLE
F	FOREIGN MILITARY
N	NOT ELIGIBLE

2. If the beneficiary is CHAMPUS and Medicare eligible, regardless of age, he/she continues to be grouped under his/her appropriate Beneficiary

Category and is NOT grouped under the Medicare Category and CHCS performs the following:

- a. CHCS checks for available PCM slots for that category within a selected PCM.
  - b. If slots are available, the user may then enroll the beneficiary to that PCM and the count for that Beneficiary Category is incremented by one.
  - c. The beneficiary is assigned an ACV of "E."
3. If no slots meeting the search criteria are available, CHCS displays the warning message below (**see Screen 3**), including the actual Beneficiary Category code. This informs the user that there are no slots available for this PCM to which this individual may be assigned. If this is the case, the system prohibits filing of the enrollment.

### Sample Screen #3 - PCM Warning message

#### PCM DIRECT ASSIGNMENT

Patient:	ADAMS,DANIEL	FMP/SSN	03/112-12-1212
Language:		DDS:	
Specialty:		DOB/Age:	05 Mar 1931/66y
PCM:		PCM Gender:	
Location:		Date:	07 Apr 1997

Provider	CS Cat	Specialty	Agr	Locat	Sex	Disc	Avail
BOOKER,BAIN	MD	INTERNIST	MTF	23669	M	CA-12	0

--This PCM has no slots to which this <RFM> beneficiary may be assigned--  
(warning message)

4. When CHCS determines that a beneficiary is in the Medicare Beneficiary Category (MED), it checks to see if the PCM selected participates in the MTF or CON MCP Agreement Types, and has available Medicare slots, as determined by their Enrollment Mix limitations.

If slots are available,

- a. The user may enroll the beneficiary under the Medicare Beneficiary Category and the count for

the Medicare enrollee patient load are incremented by one.

- b. The beneficiary is assigned an ACV of "D."
5. If there are no slots for Medicare Beneficiaries:
  - a. CHCS displays a warning message (see screen 4 below) with the Medicare Category <MED>, to inform the user that there are no slots available and the enrollment cannot be completed.

#### Sample Screen 4 - Warning message

##### PCM DIRECT ASSIGNMENT

Patient:	ADAMS,DANIEL	FMP/SSN	20/112-12-1212
Language:		DDS:	
Specialty:		DOB/Age:	05 Mar 1931/66y
PCM:		PCM Gender:	
Location:		Date:	07 Apr 1997

Provider	CS Cat	Specialty	Agr Locat	Sex	Disc	Avail
BOOKER,BAIN	MD	INTERNIST	MTF 23669	M	CA-12	0

-This PCM has no slots to which this <MED> beneficiary may be assigned--

(warning message)

**Note:** The user is prohibited from enrolling Direct Care Only beneficiaries (including Medicare, under the age of 65), who are not CHAMPUS eligible.

#### C. REPORTS MODIFIED TO ACCOMMODATE MEDICARE BENEFICIARY CATEGORY

The following reports will be modified to add the Medicare Beneficiary Category:

- (a) PCM Enrollment Mix Discrepancy Statistical Summary
- (b) PCM Enrollment Mix Discrepancy Report
- (c) Enrollment Roster by PCM
- (d) Available PCM Capacity Report
- (e) Provider Group Report

**D. ROUTINES MODIFIED TO ACCOMMODATE MEDICARE  
BENEFICIARY CATEGORY**

Other routines, related to PCM assignment, which use the PCM Beneficiary Category to perform searches, will be modified to add the Medicare Beneficiary Category. They are as follows:

- (a) Batch PCM Reassignment
- (b) Family PCM reassignment
- (c) Renew (Batch)
- (d) Disenrollment
- (e) Batch Disenroll
- (f) Reciprocal Disenrollment

**3.2.3 FILE AND TABLE CHANGE.**

- A. The MED Medicare Beneficiary Category will be added to the MCP Beneficiary Categories file (#8565.5) and to the Enrollment Mix in the MCP Provider Groups as follows:

ADY	Active Duty
AFM	Active Duty Family Member
RET	Retiree
RFM	Retiree Family Member
<b>MED</b>	<b>Medicare &lt;---- (New)</b>
OTH	Other

File & Table personnel must review the Enrollment Mix for each PCM and make the appropriate adjustments.

- B. File 8552 MCP PATIENT File

1. Beneficiary Categories have been added to the PCM  
HISTORY MULTIPLE  
8552.06,14

- C. File 8550 MCP PROVIDER GROUP File

1. MED Beneficiary category is added to the enrollment mix.

**3.2.4 IMPLEMENTATION ISSUES.**

- A. Agreements which define Medicare capacity must be established between the Military Treatment Facility

(MTF) and providers (MTF, CON), if enrollment of Medicare beneficiaries is to take place.

- B. If a beneficiary is Medicare eligible and is also CHAMPUS eligible, regardless of age, he/she will continue to be grouped under his/her appropriate Beneficiary Category and will NOT be grouped under the Medicare Category. (**ACV value = "E" if enrolled**)
- C. If the beneficiary is Medicare eligible, is 65 years of age or older, and is not CHAMPUS eligible, he/she will be categorized under the new Medicare Beneficiary Category. (**ACV value = "D"**)
- D. The system categorizes patients who are Medicare eligible according to their DEERS Medicare Status.
- E. Updated PCM capacity restrictions will not be retroactive for currently assigned beneficiaries. That means that no automatic reassignment will take place. Users who are responsible for Provider Network maintenance will need to evaluate the numbers and, as policy dictates, make reassignments manually in the Enrollment Mix.
- F. The system does not allow Direct Care Only enrollees, including Medicare beneficiaries under the age of 65 who are not CHAMPUS eligible, to enroll.
- G. Beneficiaries are assigned to PCMs, based on the specific MCP Agreement Type(s) held by each PCM. A beneficiary who is grouped under the Medicare Beneficiary Category may be assigned only to PCMs who have entered into the following MCP Agreement Types with the facility:
  - MTF - MTF STAFF
  - CON - CONTRACT
- H. Managed Care Program (MCP) clerks and/or supervisors who currently assign enrollees to PCMs will continue to use the existing Enrollment functional pathways.
- I. MCP users who are responsible for maintaining Provider Network data will continue to access the appropriate Enrollment Mix screens through the menu

options GNET or INET on the Provider Network  
Management Menu (PMCP).

### **3.3 LIST ONLY PCM GROUP MEMBERS IN HELP TEXT.**

#### **3.3.1 OVERVIEW OF CHANGE.**

The initial provider picklist available at the "Referred By" field in the Health Care Finder Appointment Referral Booking option (AHCF) will include only those providers who are members of the provider group to which the patient is assigned. If the user needs additional help, all network and non-network providers in the master list will alphabetically display. If the patient is not enrolled in MCP, the initial provider picklist will alphabetically display all network providers.

#### **3.3.2 DETAIL OF CHANGE.**

##### **3.3.2.1 PROCESS NARRATIVE.**

- A. Menu Option AHCF (Appointment Referral Booking)  
Menu Path: CA->PAS->Managed Care->HMCP->AHCF

Previously if a user requested a list of provider names at the "Referred By" field on the Interview/Referral screen for an enrolled or empaneled patient who was assigned to a provider group, the entire list of MCP providers displayed. The user could not single out the members of the group to which the patient was assigned.

CHCS version 4.6 now initially displays alphabetically only providers who are members of the PCM provider group to which the patient is assigned, and their activation status from the MCP Provider File. If no provider is selected from the display list, the system then prompts the user to display, in alphabetical order, all MCP providers. If the patient is not enrolled in MCP, the picklist will automatically display all Network providers. The user may also use existing functionality to enter a partial name to display a list of providers whose names begin with the specified first few characters.



### 3.3.2.2 DETAILED WORKFLOW.

The following sequence of events allows the user to initially display the picklist of only those providers belonging to the provider group to which the patient is assigned.

**A. Menu Path: PAS > M >HMCP >AHCF Appointment Referral Booking**

1. The user is prompted to choose (P)atient or (Q)uit.
2. Once the user has selected (P)atient, has entered the patient name, and verified the name and sponsor, the Current DEERS Eligibility screen displays.
3. If the user selects (C)ontinue, the Demographics Display screen displays.
4. If the user selects (C)ontinue, the Patient Referral Booking screen displays. The user is prompted to select (P)atient, (A)dd, (M)odify, or (Q)uit.
5. If the user selects (A)dd, the Interview Referral screen displays. The user is prompted to enter the appointment information for the referral including Patient Type, Location, Specialty, Times, Days of the Week, and Priority.
6. Once the appointment information is entered, the Interview/Referral -- Continued screen displays.
7. If the user needs help at the "Referred By" field, he may enter a double question mark. A prompt displays telling the user that the referring physician may not necessarily be the patient's PCM. The user is prompted to select (L)ist or (Q)uit (refer to screen #1).

### Sample Screen#1 - Interview Referral screen

```
MCP REFERRAL: 19970000055          INTERVIEW/REFERRAL -- CONTINUED

      Patient: BLITON,JERALD          FMP/SSN: 20/278-55-502
Patient Category: USA ACTIVE DUTY OFFICER  Pat SSN: 278-55-5025
      DOB/Age: 01 Jan 1960/37Y        DDS: 20
      Patient Type: MCP/ACTIVE DUTY    Sex: MALE
      MCP Status: ENROLLED
      PCM: KEN GROUP                  PCM Phone: 619-555-1212

      Case Mgmt Provider:              Case Mgmt: YES
=====
Referred By:                          UPIN:
+-----+
|This field identifies the provider referring the patient for
|specialty care. It may not necessarily be the name of the
|patient's PCM.
|
|Answer with MCP PROVIDER MCP PROVIDER NAME
|      (L)ist of values, or (Q)uit? L
+-----+

,,,,,,,Keyboard Help = PF1,HELP,,,,,,,,,,,,,
```

8. If the user selects (L)ist, a list of providers belonging to the provider group assigned as the patient's PCM displays (refer to screen #2)

### Sample Screen #2 - PCM Providers

The following are providers who belong to the Ken Group:

OBERG,MARYANN SD	Active
OBRION,RAY SD	Active
PEDRICK,RAY SD	Inactive
RODRIGUEZ,HECTOR J	Active
SEYMOUR,ROGER SD	Active
SMITHTON,EARL SD	Inactive
SONGER,EDWARD SD	Active

9. If the user does not select a provider from this initial list a and presses <Return>, a prompt displays asking if the user would like to see the entire list of MCP providers (refer to screen # 3).

### Sample Screen #3 - Prompt for providers

---

The following are providers who belong to the Ken Group:

OBERG,MARYANN SD	Active
OBRION,RAY SD	Active
PEDRICK,RAY SD	Inactive
RODRIGUEZ,HECTOR J	Active
SEYMOUR,ROGER SD	Active
SMITHTON,EARL SD	Inactive
SONGER,EDWARD SD	Active

Do you want the entire MCP provider list?// Y (<--- prompt)

---

10. If the user selects the default Y for YES, the entire list of network and non-network providers will display (refer to screen #4).

### Sample Screen #4 - Provider Listing

---

The following are Network and Non-Network Providers:

ANDERSON,HARRIET	Active
OBRION,RAY SD	Active
PEDRICK,RAY SD	Inactive
PEDROSA,WILLIAM SD	Active
RODRIGUEZ,HECTOR J	Active
SEYMOUR,ROGER SD	Active
SMITHTON,EARL SD	Inactive
SONGER,EDWARD SD	Active
THATCHER,MARGARET	Active
UNGER,FELIX	Active
VALENCIA,KENNETH	Active

---

11. If the user enters N for NO, the user will be returned to the "Referred By" field.
13. If the patient is not enrolled in MCP, and the user enters a double question mark at the "Referred By" field, the user is prompted to select (L)ist or (Q)uit (refer to screen #5).

### Sample Screen #5 - Provider listing for Non-enrolled patients MCP

REFERRAL: 19970000055

INTERVIEW/REFERRAL -- CONTINUED

Patient: BLITON,JERALD FMP/SSN:20/278-55-5025  
Patient Category: USA ACTIVE DUTY OFFICER Pat SSN: 278-55-5025  
DOB/Age: 01 Jan 1960/37Y DDS: 20  
Patient Type: MCP/ACTIVE DUTY Sex: MALE  
MCP Status: Case Mgmt  
Provider: Case Mgmt: YES  
=====

Referred By:

.....  
This field identifies the provider referring the patient for specialty care. The following list includes all Network Providers. Activation status is derived from the MCP Provider File.

Answer with MCP PROVIDER MCP PROVIDER NAME

(L)ist of values, or (Q)uit? L

.....,Keyboard Help = PF1,HELP,.....

14. If the user selects (L)ist, the entire list of all network providers will alphabetically display (refer to screen #6).

### Sample Screen #6 - Network Provider Listing

The following are Providers in the Network:

ANDERSON,HARRIET	Active
OBRION,RAY SD	Active
PEDRICK,RAY SD	Inactive
PEDROSA,WILLIAM SD	Active
RODRIGUEZ,HECTOR J	Active
SEYMOUR,ROGER SD	Active
SONGER,EDWARD SD	Active
THATCHER,MARGARET	Active
VALENCIA,KENNETH	Active

#### 3.3.3 FILE AND TABLE CHANGE.

None needed.

#### 3.3.4 IMPLEMENTATION ISSUES.

- If a patient is not enrolled in MCP, the system will alphabetically display all network providers.
- The Health Care Finder entering an appointment referral will be able to display the PCM group

members at the "Referred By" field on the Interview/Referral screen in Appointment Referral Booking.

### **3.4 DISPLAY DEERS INFO IN MTF BOOKING FOR MEMBERS NOT ENROLLED.**

#### **3.4.1 OVERVIEW OF CHANGE.**

DEERS maintains all Tricare enrollment information for all patients. Whenever a patient attempts to access medical care at an MTF and is Tricare enrolled at a different facility on a different system, CHCS will download that patient's enrollment information from DEERS and store it in the patient file. Patients affected are those with ACVs of Active Duty (A), TRICARE Senior Option (D), or CHAMPUS (E). The information contained in DEERS includes the ACV (code and description), DMIS ID (code and description), Region Code, PCM Phone, PCM location description, date of last DEERS Check, Direct Care eligibility, Champus eligibility, eligibility start and stop dates, and Medicare eligibility. This information will display on the Enrollment/Empanelment Information screen for Mini and Full registration for both locally empaneled and remotely enrolled patients with ACVs of Active Duty (A), TRICARE Senior Option (D), or CHAMPUS (E). For patients with an ACV of C or N, a prompt will allow the user to display the eligibility information in Mini Registration.

#### **3.4.2 DETAIL OF CHANGE.**

##### **3.4.2.1 Users.**

A PAS clerk holding the SDZ DX/PX CODING security key and booking appointments for remote enrollees using the BOK, and USV options in a clinic where the ENROLLEE LOCKOUT has been activated, will be prompted with the patient's Primary Care Manager (PCM) information when the patient should be appointed with his/her PCM or have a referral in CHCS authorizing care for this visit. The PAS clerk holding the SDZ DX/PX CODING security key will also be presented with a screen of data elements identifying the patient's enrollment information when registering patients using the RDM and RREG options for Mini and Full registration.

#### **3.4.2.1 Process Narrative.**

When a clerk attempts to book an appointment for an enrollee/empanelee using either the BOK or USV PAS options, in a clinic which has enrollee lockout activated, a prompt displays alerting the clerk that the patient should be appointed through his/her PCM or have a referral in CHCS authorizing care. The PCM's location, PCM telephone number, and the date of the Patient's last DEERS eligibility check also displays for enrollees and empaneles.

After a PAS clerk has registered a patient with an ACV of A, D, or E, the Enrollment/Empanelment Information screen automatically displays with the patient's ACV, DMIS ID, Region Code, PCM, Medicare, CHAMPUS, and DEERS eligibility information. The PCM Name field will not be populated for remotely enrolled patients. If the patient has an ACV of C or N, the eligibility information will not automatically display. However, the user will be prompted to view this information after Mini Registration.

#### **3.4.2.2 Detailed Workflow.**

##### **A. Book Appointments**

The following sequence allows the booking clerk in a PAS clinic with the Enrollee Lockout enabled, to view the PCM's phone number, the PCM's location, and the date of the patient's last eligibility check on DEERS for all enrolled patients. This applies to patients enrolled locally as well as those enrolled in another region.

Menu Path: PAS >C >BOK

1. CHCS displays the Booking Search Criteria screen with the "(C)hange Search Criteria, (B)rowse, (W)ait List Add, (M)ultiple Clinic, (F)amily, or (Q)uit: C//" action bar.

2. If **(C)hange Search Criteria** is selected CHCS displays a list of search criteria to be changed.

Once the user has selected the search criteria (i.e. Provider, Clinic, Patient), the user is prompted to enter the required data.

3. After entering the data, the user may choose the (S)ingle Patient option from the action bar to get a list of available appointments.

Once an appointment is chosen, the user is prompted to book the appointment.

4. If the patient is enrolled either locally or remotely in Tricare, and the appointment to be booked is not with the patient's PCM, a prompt indicating that the patient is enrolled in TRICARE and should either be appointed with his or her PCM or have a referral displays.

The name of the patient's PCM will appear only for those patients locally empaneled. The PCM's phone number, Location, and date of the patient's last DEERS eligibility check will display for all enrollees (refer to screen #1).

#### Sample Screen #1 - DEERS Info Display

```
FILE APPOINTMENT
Patient: PITCAIRN,AUGUST C          FMP/SSN: 20/478 29 4200
Clinic: CARDIOLOGY CLINIC/DIVA      Appt Type:
Clinic Phone: 202 427 4181
Provider: CALDWELL,LORRAINE C       Service:
Time Range: 0001 to 2400            Duration:
Dates: 21 Jun 1997 to 02 Aug 1997   Days of Week:
-----
```

This patient is currently empaneled or enrolled in TRICARE and should be appointed with his/her Primary Care Manager (PCM) or have a referral in CHCS authorizing care for this visit.

```
PCM:
PCM LOCATION:  PREV MED MTF
PCM TELEPHONE:  202 456 9878
LAST DEERS CHECK: 23 Jan 1997
```

```
-----No Referrals found-----
Do you wish to override? No//
```

5. The user can override the lockout and book the appointment by entering an appropriate override code.

B. Unscheduled Visit (Walk-In, Tel-Con, S-Call)

Menu Path: PAS >C >USV

1. The system displays the Unscheduled Visit Criteria screen with the **(W)alk-In, (S)ick-Call, or (T)el-Consult (D)EERS-Check, (Q)uit:** W// action bar.

2. Once the user has chosen either (W)alk-In, (S)ick-Call, or (T)el-Consult, the user is prompted to change the search criteria.

After the search criteria to change is selected, the user is prompted to enter the required data and then file the (W)alk-In, (S)ick-Call, or (T)el-Consult.

3. If the patient is enrolled either locally or remotely in Tricare, and the (W)alk-In, (S)ick-Call, or (T)el-Consult is not with the patient's PCM, a prompt displays indicating that the patient is enrolled in TRICARE and should either be appointed with his or her PCM or have a referral. The name of the patient's PCM, for those locally empaneled, the PCM's phone number, Location, and date of the patient's last DEERS eligibility check also display (refer to screen #2).

#### Sample Screen #2 - Display Screen

WALK-IN SEARCH CRITERIA

Patient: PITCAIRN,AUGUST C

FMP/SSN: 20/478 29 4200

Clinic: CARDIOLOGY CLINIC/DIVA

Appt Type:

Clinic Phone: 202 427 4181

Provider: CALDWELL,LORRAINE C

Service:

Time Range: 0001 to 2400

Duration:

Dates: 21 Jun 1997 to 02 Aug 1997

Days of Week:

-----  
This patient is currently empaneled or enrolled in TRICARE and should be appointed with his/her Primary Care Manager (PCM) or have a referral in CHCS authorizing care for this visit.

PCM:

PCM LOCATION: PREV MED MTF

PCM TELEPHONE: 202 456 9878

Do you wish to override? No//

4. The user can override the lockout and file the (W)alk-In, (S)ick-Call, or (T)el-Consult by entering an appropriate override code.

#### C. Mini Registration

This sequence of events allows the user to view enrollment information on the Enrollment/Empanelment Information screen for patients with an ACV of A, D, or E, including the ACV, DMIS ID, Region Code, PCM Phone, PCM location description, date of last DEERS Check, Direct Care eligibility, patient's eligibility start



and stop dates, and Medicare and CHAMPUS eligibility information. For local enrollees, the PCM Name will display. For patients with an ACV of C or N, the user will be prompted to see the information after Mini Registration.

Menu Path:

PAS >C >RDM >MRDM  
PAS >M >RMCP >RREG >MRDM  
PAS >E >RER >8 (Mini Registration)  
All CHCS Mini Registration Menu Options

1. CHCS displays the "Patient Name" Prompt. After the user enters the patient's name and confirms the sponsor's name, the system displays the Mini Registration screen.
2. After the user proceeds through the Mini Registration screen and indicates whether or not the patient wants to be a donor, the Enrollment/Empanelment Information screen displays for all patients with an ACV of A, D, or E.
3. In Version 4.6, additional fields display showing the Region code, the date of the last eligibility check, eligibility, and the eligibility start/stop dates (refer to screen #3). If the patient is not locally empaneled, and the information has been downloaded from DEERS, the PCM name will not display (refer to screen #4).

SAIC D/SIDDOMS Doc. DS-IM98-6002  
08 July 1998

Sample Screen #3 - PCM Display Screen:

Patient: PICARD,ELMO E                      Enrollment/Empanelment Information  
FMP/SSN: 20/379-43-6115          DOB: 25Jun66          PATCAT: All          Sex: M  
Personal Data - Privacy Act of 1974 (PL 93-579)

```

ACV: A-TRICARE PRIME (ACTIVE DUTY)
DMIS ID: 0037-WALTER REED ARMY MEDICAL CENTER
PCM Name: ESCALERA,FRANK M
PCM Phone: 202 361-4240
PCM Location: 00-DIRECT CARE PCM
Medicare:
Region Code: 02
Direct Care: ELIGIBLE
CHAMPUS: NOT ELIGIBLE
Dir Care Elig Start Date: 12 Mar 2001
Dir Care Elig Stop Date: 10 Feb 2003
Last DEERS Elig Check: 17 Jun 2001

```

Press <RETURN> to continue

Sample Screen #4 - Not Locally Enrolled. Patient is at Madigan AMC

Patient: KENT,CLARK D	Enrollment/Empanelment Information
FMP/SSN: 20/555-55-2341	PATCAT: All      Sex: M
DOB: 15Nov70	

```

ACV: A-TRICARE PRIME (ACTIVE DUTY)
DMIS ID: 7143-AHC ROBINSON (last enrolled site)
PCM Name: <---(PCM's name not displayed)
PCM Phone: DIRECT CARE PCM
PCM Location: 0000000000-
Medicare: NOT ELIGIBLE
Region Code: 02
Direct Care: ELIGIBLE
CHAMPUS: NOT ELIGIBLE
Dir Care Elig Start Date: 19 Jun 1991
Dir Care Elig Stop Date: 16 Jun 2001
Last DEERS Elig Check: 01 Mar 1998@040239

```

Press <Return>:

**\*\*NOTE: Although patient is now registered but not enrolled at one site (e.g. Madigan AMC) and remains Tricare enrolled at the losing site (Robinson AMC), that information may be seen when exiting mini-reg.**

4. The user is prompted to press <Return>. The action bar to File/exit displays.

5. If the patient has an ACV of C or N, and the user has proceeded through the Mini Registration screen and indicated whether or not the patient wants to be

a donor, a prompt displays asking the user if he wants to view the eligibility information (refer to screen #5).

### Sample Screen #5 - Enrollee Display Information

---

Patient: VALENCIA,KIM                      Enrollment/Empanelment Information  
FMP/SSN: 20/098 76 1234    DOB: 05Mar68    PATCAT: A41    Sex: F  
Personal Data    Privacy Act of 1974 (PL 93 579)

---

Do you want to view eligibility data for this patient? N

---

6. If the user chooses to view the information by selecting the default N for NO, the action bar to File/exit displays.

7. If the user selects to view the information by entering YES, the Enrollment/Empanelment Information screen displays (screen #4). When the user presses <Return>, the action bar to File/exit displays.

8. If a patient is has an MCP Status of INVALID ENROLLMENT because they are still enrolled elsewhere, the DMIS ID field may show the gaining site's DMIS ID but display the losing site's Region Code. This is normal.

#### D. Full Registration

Menu Path:    PAS >E >RER >1 (Full Registration)

1. The system displays the Patient Name Prompt. After the user enters the patient's name and confirms the sponsor's name, the system displays the Patient Information screen.

2. After the user proceeds through the Patient Information screen, the Sponsor Information screen, the EC/NOK Information screen, and indicates whether or not the patient wants to be a donor, the Enrollment/ Empanelment Information screen displays for all patients, enrolled and non-enrolled.

3. In Version 4.6, additional fields display showing the Region code, the date of the last eligibility check, eligibility, and the eligibility start/stop dates (refer to screen #1). The PCM name field will not be populated for remotely enrolled patients.

6. The user is prompted to press <Return>. The action bar to File/exit displays.

### **3.4.3 File and Table Change.**

There is no File and Table change

### **3.4.4 Implementation Issues.**

A. DEERS will store the ACV, DMIS ID, Region Code, PCM Phone, PCM Location, date of the last DEERS Check, patient eligibility, patient's eligibility start and stop dates, and Medicare and CHAMPUS eligibility and download the information to CHCS for the patient enrolled in TRICARE Prime or another benefit in the Patient File.

B. The PCM name will not display for remotely enrolled patients.

## **3.5 AUTOMATIC ELIGIBILITY CHECK FOR CONDITIONAL ENROLLMENT.**

### **3.5.1. OVERVIEW.**

The system will automatically perform DEERS Eligibility checks, every 7 days up to 120 days from the MCP Enroll date for MCP Beneficiaries with the MCP Status of 'Conditional Enrolled'. When appropriate the system will update the MCP Status based on the eligibility response.

Currently performing DEERS eligibility checks is an interactive process. Existing capabilities for Conditional Enrollment Processing and Interactive Eligibility Checks will remain available.

### **3.5.2 DETAIL OF CHANGE.**

#### **3.5.2.1 PROCESS NARRATIVE.**

The following sequence of operations enables the system to determine the MCP Status of 'Conditional Enrolled' beneficiaries, and update the MCP Status based on the eligibility response.

- A. The CP ENROLLMENT BULLETIN checks the MCP Patient file for beneficiaries with the status of 'Conditional Enrolled' nightly. CHCS then transmits a DEERS eligibility request every 7 days after the Enrollment Start Date up to the 120th day conditional enrollment period.
- B. If CHCS receives a response of 'Eligible' from DEERS, the system changes the MCP Beneficiaries MCP Status from 'Conditional Enrolled' to 'Enrolled'.
- C. If DEERS returns an ineligible response on the 120th day, CHCS changes the MCP Beneficiaries' MCP Status to 'Disenrolled' on the 121st day. The End Enroll Date will then change to the MCP Enroll Date (End Enroll Date = Enroll Date) and the Disenrollment Reason will become 'EC', Enrollment Canceled.

**Note: The 'Direct Care' field displayed on the DEERS Eligibility Screen will be populated with the word 'Eligible' when a beneficiary is found to be eligible and populated with 'Not Eligible' when a patient is ineligible.**

#### **3.5.2.2 DETAILED WORKFLOW.**

- A. Beneficiaries eligible for 'Conditional Enrollment' (CE) status:  
  
**Newborns: FMP 01 through 19 and less than one year old. New Spouses (FMP 30 through 39), not yet found on the DEERS system.**
- B. CHCS will perform automatic DEERS eligibility checks for beneficiaries with MCP Status of 'Conditional Enrolled' (CE) for a period of 120 days after MCP Enroll Date in 7 day increments.
- C. If DEERS returns an 'Eligible' response to the DEERS Eligibility Check within the 120 day Conditional Enrollment period, the MCP Status of 'Conditional Enrolled' will be changed to 'Enrolled'. DEERS has already updated their database therefore no additional DEERS transactions will be sent to DEERS.
- D. If DEERS does NOT return an 'Eligible' response to the DEERS Eligibility Check within the 120 days, the MCP Status of 'Conditional Enrolled' will

change to 'Disenrolled' on the 121st day following the MCP Enroll Date. This is one day past the 120 day conditional enrollment period. No additional DEERS Eligibility, Enrollment, or Disenrollment transactions will be sent to DEERS. The End Enroll Date changes to the MCP Enroll Date (Enroll date = End Enroll date) with a Disenrollment Reason of 'EC - ENROLLMENT CANCELLED'.

### **3.5.3 File and Table Change.**

No File and Table changes

### **3.5.4 Implementation Issues.**

- A. MCP Clerks and Supervisors will have the capability to enter conditional enrollments via existing functionality.

## **3.6 AD ASSIGNMENT TO EXTERNAL PCM.**

### **3.6.1 OVERVIEW.**

This change allows assignment of active duty beneficiaries to contractor network PCMs with the agreement types of NET or SUP in addition to direct care providers with agreement types of MTF and CON.

CHCS will display PCMs with available capacities from the contractor network in addition to direct care PCMs during the enrollment process. The ability to assign active duty beneficiaries to civilian network PCMs with the agreement type of NET or SUP will be limited to authorized MCP users who are assigned the new security key, **CPZ PCM AGR LOCK**.

A conversion will set the capacity field to null for those providers who participate in the agreement types of NET and SUP. This will make the active duty beneficiary category capacity for these agreements unlimited but may be edited after this change is loaded.

### 3.6.2 DETAILED WORKFLOW.

#### 3.6.2.1 PROCESS NARRATIVE.

- A. Any user holding the CPZ AGR LOCK security key may assign civilian Network PCMs with the agreement types of NET or SUP, with available capacities, to an active duty beneficiary via Batch PCM reassignment as well as interactive PCM assignment functions.
- B. A downtime conversion will be part of the package install. Currently the Active Duty 'Capacity' field is automatically set to 'non-editable' zero in the enrollment mix screen. The conversion will change this entry to 'null'. When null the beneficiary category of active duty will be unlimited not to exceed Maximum Patient Capacity, if defined.
- C. PCM active duty capacities for the agreement types of NET and SUP should be reviewed and updated if necessary.

#### 3.6.2.2 DETAILED WORKFLOW.

##### A. PCM Capacity:

1. **Menu Path: CA->PAS->MAN->PMCP->GNET->Enter Provider Group name->Page Down key->Provider->e(x)ceptions) -> Select Provider name->(M)ix->Select Agreement-> This will bring user to enrollment 'Mix' screen.**
2. In version 4.5 the 'Capacity' is automatically set to 'non-editable' 0 (Zero), under Active Duty 'Capacity' field in the Mix screen for agreement types NET and SUP.

After the conversion the Active Duty Capacity field will be null as a default, and will allow a user to enter 'Capacity' and 'Age Range' fields as in Screen 1.

**Note: The default capacities is set to unlimited (the effect of null).**

### Sample Screen 1 - PCM Enrollment Mix Screen

#### INDIVIDUAL PROVIDER PCM CAPACITY

Provider: VALENCIA,KEN  
Provider Group: VALENCIA MEDICAL GROUP  
Agreement Type: NET - CIVILIAN NETWORK PROVIDER  
Dates of Agreement: 10 Mar 1997 - 09 Mar 1998  
PCM: YES

Maximum Patient Capacity:           Age Range to Apply Overall:   -  
Total Assigned:

```
=====
Enrollment Mix          Age Range  Capacity  Total    Pat Out of
                    -----
ACTIVE DUTY              -              0
ACTIVE DUTY FAMILY MEMBER -              0
RETIREE                  -              0
RETIREE FAMILY MEMBER    -              0
MEDICARE                  -              0
OTHER                     -              0
=====
```

#### B. PCM Assignment:

The functions listed below will be modified to allow assignment of AD to civilian network PCMs(Primary Care Managers).

The picklists will display providers with agreement types of NET and SUP only for users holding the 'CPZ PCM AGR LOCK' security key.

##### 1. EENR Enrollment Enter/Edit

Menu Path: PAS->MAN->EMCP->EENR

##### 2. PCM Reassignment

Anytime a CHAMPUS eligible or active duty enrollee is reassigned to a new PCM. This action option appears immediately after an enrollment record is accessed.

##### 3. Batch Enroll Active Duty

Menu Path: PAS->MAN->EMCP->BENR->UBER->

If a user does not hold the security key to assign active duty beneficiaries to the UIC default PCM, after the Enroll Candidates option is selected, CHCS displays the following message:

'User does not have security key to assign active duty beneficiaries to providers with NET and SUP Agreement Types. This batch job will assign active



duty beneficiaries for the agreement types of MTF and CON.'

This will be followed by a prompt stating:

'Do you wish to continue? //No'. (See screen 2)

If the user accepts the 'No' default, CHCS returns the user to the action bar.

If the user responds 'Yes' the process will continue. The batch job will only assign active duty beneficiaries to PCMs for the agreement types of MTF and CON.

### **Sample Screen 2 - Batch AD**

POTENTIAL ACTIVE DUTY CANDIDATE UPDATE/REPORT

Medical Activity Date: 01 Nov 1994 by ALPHABETIC  
Alpha Range: AAA  
To: 000

---

---

User does not have security key to assign active duty beneficiaries to providers with NET and SUP Agreement Types. This batch job will assign active duty beneficiaries for the agreement types of MTF and CON. Do you wish to continue?  
No//

---

4. Mini-Reg "Enroll in Managed Care?" Prompt.  
Menu Path: Following mini-registration via all pathways, users holding the security key CPZ AUTO ENROLL are prompted to enroll the patient in Managed Care when the patient is active duty.

CHCS currently defaults to the PCM assigned to the UIC if defined in the option (UICP UIC/PCM Maintenance Enter/Edit). If the user does not have the security key and selects the default PCM, and the default PCM for the UIC defined has the agreement type of NET or SUP the system will display a message:

**'User does not have the security key to assign active duty beneficiaries to providers with NET and SUP agreement types:  
Press <RETURN> to continue. (See screen 3)**

When the user enters <RETURN> the system will  
return to the 'Select PCM' prompt.

### Sample Screen 3 - Auto Enrollment Screen

---

#### ACTIVE DUTY AUTO-ENROLLMENT

Patient Name: Lewis,Richard                      FMP/SSN: 20/222-11-2222  
MCP Status:

-----  
Station/Unit: HOLDING BN, MOBTDA  
Enrolling Division: NAVY INPATIENT DIVISION  
Default PCM: VALENCIA,KENNETH  
Agreement Type:  
Max AD Capacity:  
# AD Assigned:  
Enrollment Date: 03 Apr 1997  
-----

User does not have the security key to assign beneficiaries to providers with NET  
and SUP agreement types.  
Press <RETURN> to continue                      (New)

---

5. Family PCM Reassignment  
Menu Path: PAS->MAN->FPCM->

6. Batch PCM Reassignment  
Menu Path: PAS->MAN->BMCP->BPCM

C. UIC/PCM Maintenance is also modified:

1. Menu Path: PAS->MAN->FMCP->FTAB->UICP->Enter  
search criteria or direct PCM assignment.
2. If a user holds the security key, CPZ AGR LOCK,  
CHCS displays the agreement types of MTF, CON,  
NET, and SUP for the provider selected if that  
provider is a participant in those agreements.
3. If a user does not hold the security key, CHCS  
displays only the agreement types of MTF and CON  
but not the agreements of NET or SUP for the  
provider selected. (See screen 4)

#### Sample Screen 4 - UICP/PCM Maintenance

##### UIC/PCM MAINTENANCE

```
          PCM: VALENCIA,KEN          Location:
        Specialty:          Agreement Type:
-----
Provider      CS Cat  Specialty      Agr Locat Sex Disc  Avail
VALENCIA,KEN      MD  CARDIOLOGY      MTF 92163  M  MTF      UNLIM
VALENCIA,KEN      MD  CARDIOLOGY      CON 92163  M  CA-10% UNLIM
```

```
-----
Use SELECT key to select PCM
Press F9 key to view Assignment Preferences, Place of Care, or Watch Codes
```

4. In the case where the selected provider is assigned only NET and/or SUP agreement types, and the user does not hold the security key, the system will not display the selected provider and will return the user to the 'Select PCM:' prompt.

#### 3.6.3 FILE AND TABLE CHANGES.

- A. Designate civilian PCMs by turning on the appropriate PCM flags.
- B. Ensure civilian PCMs are participants in a current Agreement type of NET and/or SUP and the agreement PCM flag is turned on.
- C. Assign a capacity for AD patients if so desired.

#### 3.6.4 IMPLEMENTATION ISSUES.

- A. The system will provide capability to allow assignment of PCMs from the contractor network with the agreement types of NET and SUP when enrolling active duty beneficiaries.
- B. The capability of network PCM assignment will apply in Batch PCM Reassignment as well as interactive PCM assignment functions.
- C. Only MCP/Tricare personnel holding 'CPZ PCM AGR LOCK' security key will have the ability to assign active duty beneficiaries to network PCMs with the agreement types of NET and SUP. Users utilizing the

Batch PCM Reassignment function have this security key.

- D. Sites should review PCM capacities, if they do not wish capacities for active duty beneficiaries to be unlimited in civilian network PCMs.

### **3.7 PROVIDER PLACE OF CARE INACTIVATION.**

#### **3.7.1 OVERVIEW OF CHANGE.**

This change is designed make the CHCS software used to inactivate a provider, clinic, or place of care consistent throughout PAS and MCP. CHCS allows an authorized PAS/MCP(TRICARE) user to inactivate a provider and a clinic/place of care using the Patient Appointment and Scheduling (PAS) or the Managed Care Program (MCP) modules of the Composite Health Care System (CHCS).

Previously PAS allowed the user to enter a past date, today's date or a future date. As soon as the inactivation date occurred, the inactivation occurred immediately. MCP/Tricare only allowed the user to enter an inactivation date in the future.

PAS previously did not check for any pending appointments, wait list requests or PCM assignments linked to the inactivation. MCP checked for pending appointments, wait list requests and PCM assignments linked to the inactivation. If any discrepancies were found via MCP, the system prompted the user to generate a Discrepancy Avoidance Report. All discrepancies linked to the inactivation had to be resolved before the inactivation could occur.

PAS and MCP now allow past, present or future inactivation dates and the Discrepancy Avoidance Report is available through either functionality. This report is also available via MCP and PAS whenever another functionality inactivates a provider.

NOTE: An inactivation via MCP may only occur within MCP and is NOT NECESSARILY an inactivation in PAS. See section 3.14.2.2

#### **3.7.2 DETAIL OF CHANGE.**

##### **3.7.2.1 Process Narrative.**

The system will allow an authorized user to inactivate/reactivate a provider and a clinic or place of care using either the Patient

Appointment Scheduling (PAS) module or the Managed Care Program (MCP) module.

**A. PAS (AFIL/PPRO Options)**

Utilizing the Activate/Inactivate Clinic Provider option (**AFIL**) or the Provider Profile Edit option (**PPRO**) a user may inactivate a provider in a hospital location (i.e., clinic) by entering an inactivation date for the specified provider. They may also reactivate the same provider by deleting the previously entered inactivation date via the option AFIL.

1. The inactivation will be effective immediately on the inactivation date.
2. CHCS will allow the user to enter a past date, today's date or a future date as an inactivation date.
3. The user will not be able to create schedules, book appointments, enter wait list requests, or enter/edit profiles for the specified provider on the inactivation date.
4. CHCS will also perform a series of discrepancy checks to determine if there are any pending appointments, wait list requests or PCM assignments linked to the provider being inactivated.
5. CHCS will prompt the user to generate the Discrepancy Avoidance Report and at the same time send a mail bulletin to the appropriate PAS mail group (i.e., SDSMGR) notifying the members of any discrepancies linked to the inactivation.

**B. PAS (CPRO Option)**

1. A PAS user may inactivate a hospital location (i.e., clinic) via the Clinic Profile Edit option (**CPRO**) by setting the Activation Status for the specified clinic to "Inactivated"
2. They may reactivate the same clinic by changing the Activation Status to "Activated".
3. The inactivation will be effective immediately on the inactivation date.

4. Users will not be able to create schedules, book appointments or enter wait list requests for any providers in the specified clinic.
5. CHCS will also perform a series of discrepancy checks to determine if there are any pending appointments, wait list requests or PCM assignments linked to the providers in the clinic being inactivated.
6. CHCS will prompt the user to produce the Discrepancy Avoidance Report and generate a mail bulletin to the appropriate PAS mail group (i.e., SDSMGR) notifying the members of any discrepancies linked to the inactivation.

#### **C. MCP**

A user may inactivate/reactivate an MCP provider/place of care using a variety of MCP options (refer to Section 3.1.2.2 Detailed Workflow).

1. The MCP provider/MCP Place of Care becomes inactivated on the inactivation date entered.
2. CHCS will allow the user to enter a past date, today's date or a future date as an inactivation date.
3. Once the inactivation date occurs, users will not be able to create schedules, book appointments, enter wait list requests, or do PCM assignments for the specified provider or the providers in an inactivated Place of Care.
4. CHCS will perform a series of discrepancy checks to determine if there are any pending appointments, wait list requests or PCM assignments linked to the provider being inactivated.
5. CHCS will prompt users to produce the Discrepancy Avoidance Report and generate a mail bulletin to the appropriate MCP mail group (i.e., CPZMGR) notifying the members of any discrepancies linked to the inactivation.

D. Menu Paths for inactivations:

PROVIDER

1. PAS

c. PAS->Scheduling Supv->FILE->AFIL

b. PAS->Scheduling Supv->PROF->PPRO

2. MCP

a. PAS->Managed Care->FMCP->PTAB->PROV

b. PAS->Managed Care->PMCP->GNET->enter Group name  
& press NEXT->(P)rovider->(E)dit->select name &  
<cr>->PAS Profile?//Y->(A)ctive->CP NET HCP  
PROFILE screen.

c. PAS->Managed Care->PMCP->GNET->enter Group name  
& press NEXT->(I)nactivate/Reactivate-  
>(P)rovider Place of Care or (I)nactivate  
Provider.

d. PAS->Managed Care->PMCP->INET->enter provider  
name & press return->(C)ontinue to process as a  
member of "Clinic name"->(I)nactivate Provider

CLINIC/PLACE OF CARE

1. PAS

a. PAS->Scheduling Supv->PROF->CPRO

2. MCP

a. PAS->Managed Care->FMCP->PTAB->PLAC

b. PAS->Managed Care->PMCP->GNET->select POC &  
press <cr>->PAS PROFILE?//Y->activation status.

c. PAS->Managed Care->PMCP->GNET->enter Group name  
& press NEXT->(I)nactivate/Reactivate->(G)roup  
Place of Care.

**3.7.2.2 Detailed Workflow.**

A. AFIL option PAS Inactivation sequence of  
operations.

1. **Inactivate/Reactivate a Provider in a Specific Hospital Location (i.e., Clinic).**

Menu Path: CA > PAS > S > FILE > AFIL

2. CHCS prompts the user for the Clinic. After the clinic is entered, it prompts the user to select the provider to inactivate.
3. After entering the provider's name, CHCS displays the SD REACTIVATE HCP CONTINUATION screen and prompts the user to verify the provider and enter the inactivation date (refer to Screen 1). The name of the provider selected is defaulted in the Provider field for user verification.

#### **Sample Screen 1 - AFIL Inactivation**

---

Provider: TWADDLE,GUY                      SD REACTIVATE HCP   CONTINUATION  
  
PROVIDER: TWADDLE,GUY  
INACTIVATION DATE: 10 Feb 1997

---

4. If any discrepancies are found, the system will display the message **"Discrepancies linked to this provider: [PROVIDER NAME] were found"** and prompt the user to generate a Discrepancy Avoidance Report. The report will list any pending appts/wait list requests or any PCM assignments linked to the specified provider at the specified clinic (refer to Screen 2).



## Sample Screen 2 - Discrepancy Avoidance Report

NH PORTSMOUTH, VA

30 Jan 1997@1531 Page 1

### DISCREPANCY AVOIDANCE REPORT

Personal Data - Privacy Act of 1994 (PL 93-579)

\*\* Booked Appointments & Referrals \*\*

Provider: TWADDLE,GUY

#### Clinic

Patient FMP/SSN	Home Phone Work Phone	Appt Date/Time Appt Type
=====		
CARDIOLOGY CLINIC		
ALLAN,MICHAEL	H: 535-3432	02 Feb 1997@0930
20/542-00-4543	W: 525-3543	NEW
ASHTON,TERRY	H: 472-3241	02 Feb 1997@1300
20/612-32-7214	W: 472-9823	FOL

-----  
Booked appointments should be rescheduled using the Cancel by Patient option.  
----- End of the Discrepancy Avoidance Report-----

5. CHCS will generate a mail bulletin to the designated mail group when an inactivation is to take place and remind the users to generate the Discrepancy Avoidance Report (refer to Screen 3). The discrepancies identified in the Discrepancy Avoidance Report will have to be resolved for the specified provider.

## Sample Screen #3 - Mailman Message

Mailman Message for SDSMGR GROUP

Printed at [xxxxxx] Fri 24 Jan 1997 09:30:44

Subj: Inactivate Provider

From: POSTMASTER (Sender: BARRON,JANE) in IN basket. \*\*NEW\*\*

-----  
The following Provider will be inactivated:

PROVIDER: TWADDLE,GUY

INACTIVATION DATE: 10 Feb 1997

REMINDER:

Print the Discrepancy Avoidance Report to check for any discrepancies.

6. After the provider has been inactivated and the Inactivity Period (as defined in the Facility Profile) has past, CHCS will notify the appropriate mail group via a mail bulletin when inactivated PAS providers profiles, templates,

and schedules are to be deleted and sets the Purge Notification Date to T+7.

**Purge Notification Date** is the date set in the Provider file after which inactivated provider's profiles, templates and schedules may be deleted by the **SD WEEKLY CLEANUP** routine. Once these templates, schedules and profiles have been deleted, the system sends another bulletin to the SDSMGR mail group, notifying the members of the deletions.

7. A provider may be reactivated by deleting the Inactivation Date set for that provider in the Activate/Reactivate Clinic Provider option prior to the system deleting the specified providers profiles, templates and schedules.

B. **CPRO PAS inactivation sequence of operations to inactivate/reactivate a PAS clinic in the Hospital Location File.**

Menu Path: CA > PAS > S > PROF > CPRO

1. CHCS prompts you to select the clinic and active or inactive appointment types. Once you have enter the data, the system then displays the Clinic Profile for the specified clinic.
2. You then carriage return through the clinic profile fields to the Activation Status field (refer to Screen 4).

#### Sample Screen 4 - Clinic Profile screen

---

HOSPITAL LOCATION:ALLERGY SD CLINIC PROFILECONTINUATION

Wait List Activated: No Maximum Wait List Days:30 day(s)  
Wait List Provider Mandatory: YES Wait List Hold Duration: 2 day(s)  
Auto Wait List Processing: YES Schedule Hold Duration: 7 day(s)  
Prompt for Requesting Service:NO Patient Record Pull: 1 day(s)  
Clinic Type: COUNT Radiology record Pull: 1 day(s)  
Check Holiday File: YES Roster Production: 2 day(s)  
Cost Pool Code: Prepare Reminder Notice:14 day(s)  
**Activation Status: INACTIVATED**  
Available Schedule:14 day(s)

Clinic Appt Instructions:

---

3. Set the Activation Status field in the Clinic Profile to "Inactivated". (See screen 4 above)

4. The clinic inactivation becomes effective immediately and will no longer appear on any clinic picklists.
  5. If any discrepancies are found, the system will display the message **"Discrepancies linked to this location: [CLINIC NAME] were found"** and prompt you to generate a Discrepancy Avoidance Report.
  6. The user can reactivate the clinic by changing the Activation Status from Inactivated to Activated.
- C. GNET MCP Inactivate/Reactivate MCP Provider's Profile for a Place of Care sequence of operations.

Menu Path: **CA >PAS->Managed Care->PMCP->GNET->(Group name)-> press NEXT->(P)rovider->(E)dit->select name & <cr>->PAS Profile?//Y->(A)ctive->CP NET HCP PROFILE screen**

1. Although this method of inactivation is not recommended, you may inactivate a provider from an MCP place of care using the GNET Group Profile/Agreements Enter/Edit option.
2. Enter the name of the provider group at the "Select Provider Group" prompt. The system then displays the PROVIDER GROUP PROFILE screen.
3. Press the NEXT screen key and then select the (P)rovider action followed by the (E)dit Profile action from the appropriate action bar. CHCS then displays a list of the providers in the selected provider group.

Select the appropriate provider and return through the fields or press the NEXT SCREEN key until CHCS prompts you to select the Place of Care on the Individual Provider Profile screen. Select the appropriate Place of Care and carriage return (or press NEXT SCREEN) through a series of data screens on the selected place of care. When you reach the prompt to Edit the PAS Provider Profile Information respond with a **YES** and select the (A)ctive Appointment Types action, the system will then display the CP NET HCP (Screen 5).

### Sample Screen 5 - Provider Profile Screen

```
PROVIDER: TWADDLE,GUY          CP NET HCP PROFILE - - CONTINUATION

PROVIDER: TWADDLE,GUY
CLINIC HOURS:
LOCATION:
MAX # OF PATIENTS PER DAY: 55
APPT ARRIVAL ADVANCE TIME: 15 minutes
PROVIDER INSTRUCTIONS:
PRINT ROSTER WITH OPEN APPTS: YES
INACTIVATION DATE: 10 DEC 1996 <--- (enter inactivation date here)
```

4. Enter a date in the "Inactivation Date:" field which may be a past date, today's date or a date in the future. This type of inactivation will not affect any PAS/MCP Workload Reports.
  5. The user may reactivate the provider's profile by deleting the Inactivation date previously set prior to the system deleting the specified providers profiles, templates and schedules.
- D. MCP Provider Inactivation/Reactivation at the MCP Group Level (Inactivate/Reactivate an MCP Provider in One Provider Group)

Menu Path:

**CA->PAS->Managed Care->PMCP->GNET->(Group name)-  
>Press NEXT SCREEN->(I)nactivate/Reactivate-  
>(I)nactivate Provider.**

1. Enter the name of the provider group at the "Select Provider Group" prompt. When the PROVIDER GROUP PROFILE screen for the selected provider group is displayed, press the NEXT SCREEN key.
2. To inactivate an MCP Provider from an Provider Group, first select the (I)nactivate/ Reactivate action and then the (I)nactivate Provider action from the appropriate action bars. CHCS will display a list of the providers linked to the specified provider group and you can select the MCP provider to inactivate from the provider group.
3. The system displays the Provider Inactivation from a Group screen (refer to Screen 6 below) and

permits you to enter the Inactivation Date and reason for the provider inactivation.

4. The user may reactivate the provider by selecting the (R)eactivate Provider action from the action bar. CHCS then displays the same Provider Inactivation from a Group screen (refer to Screen 6) and allows you to delete the Inactivation Date for the specified provider.

### **Sample Screen 6 - Provider Reactivation**

---

PROVIDER INACTIVATION FROM A GROUP

Provider: TWADDLE,GUY  
Group Provider: FAMILY PRACTICE ASSOCIATES  
-----

Inactivation Date: 10 Dec 1996

Reason:

PROVIDER HAS BEEN REASSIGNED TO A DIFFERENT REGION

---

#### **E. MCP Provider Inactivation/Reactivation at the Network Level (Inactivate/Reactivate an MCP Provider in all MCP Provider Groups/PAS**

Menu Path: CA->Managed Care->FMCP->PTAB->PROV

1. You may also inactivate an MCP Provider at the MTF Level by using the PROV Provider Enter/Edit option on the Provider Network File/Table Maintenance Menu.
2. CHCS prompts you to select the MCP provider. Once you select the appropriate MCP provider the action bar "Select (E)dit profile, (I)nactivate/Reactivate, or (Q)uit" displays. Select the (I)nactivate/Reactivate action. CHCS then displays the Inactivate Provider from All Groups screen (refer to Screen 7) prompting you for the Inactivation Date, and the reason for the inactivation.
3. The specified MCP provider will be inactivated in all MCP Provider Groups on the day selected. The provider will no longer appear on any Provider picklists in MCP.
4. The user may reactivate the provider by deleting the Inactivation Date.

## Sample Screen 7 - Provider Inactivation

PROVIDER INACTIVATION FROM ALL GROUPS

Provider: TWADDLE,GUY

-----

Inactivation Date: 10 Dec 1996

Reason:

PROVIDER HAS BEEN REASSIGNED TO A DIFFERENT REGION

### F. Inactivate/Reactivate an MCP Place of Cares Profile

Menu Path:

PAS->Managed Care->PMCP->GNET->select POC & press  
<cr>->PAS PROFILE?//Y->activation status.

1. Although this method of inactivation is not recommended, you may inactivate an MCP place of care's profile using the GNET Group Profile/Agreements Enter/Edit option.
2. Enter the Provider Group at the "Select Provider Group" prompt. CHCS then displays the PROVIDER GROUP PROFILE screen. Carriage return through the fields and select the appropriate MCP place of care linked to the specified provider group that you wish to inactivate.

Carriage return (or press the NEXT screen) through a series of data screens pertaining to the selected place of care until CHCS prompts you to "Edit the PAS Clinic Profile Information". Enter YES at the prompt and select the "(A)ctive Appointment Types" action. CHCS then displays the SD Clinic Profile screen (refer to Screen 4).

3. If you set the "Activation Status" field to "Inactivated", the selected place of cares profile will be inactivated in MCP and also in PAS.
4. This place of care will no longer appear on any clinic/ place of care picklists. This type of inactivation will not affect any PAS/MCP Workload Reports.

5. The user may reactivate this place of cares profile by changing the Activation Status to Activated.

**G. MCP Place of Care Inactivation/Reactivation at the Provider Level (Inactivate/Reactivate an MCP Place of Care for One Provider)**

Menu Path:

CA->PAS->Managed Care->PMCP->GNET->enter Group name  
& press NEXT->(I)nactivate/Reactivate->(P)rovider  
Place of Care

1. Enter the name of the provider group at the prompt "Select Provider Group". Press the NEXT SCREEN key when the PROVIDER GROUP PROFILE screen for the selected provider group displays.
2. You may inactivate an MCP place of care for an individual provider within an MCP Provider Group by selecting first, the (I)nactivate/Reactivate action, and then the (P)rovider Place of Care action.
3. CHCS prompts you to select the place of care to inactivate. After selecting the appropriate place of care, you are prompted to select the provider for whom to inactivate the selected place of care.

Once you've selected a provider, CHCS displays the Inactivation/Reactivation Place of Care screen (refer to Screen 8) and prompts you to enter the Inactivation Date, the Reactivation Date, if any, and the reason for the inactivation/reactivation.

**Sample Screen 8 - Place of care Inactivation**

INACTIVATION/REACTIVATION OF PLACE OF CARE

Provider Group: FAMILY PRACTICE ASSOCIATES  
Provider: TWADDLE,GUY  
Place of Care: FAMILY PRACTICE CL 1  
-----

Inactivation Date: 10 Dec 1996  
Reactivation Date: 15 Mar 1997

Reason for Inactivation:  
PERSONAL

4. The specified provider will no longer appear on any Health Care Finder provider search picklist (i.e., PCM Booking, Appointment Referral Booking, Enrolled Booking) for the inactivated place of care.
5. The user may reactivate the place of care by setting the POC Reactivation Date to an appropriate date.

**H. MCP Place of Care Inactivation/Reactivation at the Provider Group Level-(Inactivate/Reactivate an MCP Place of Care in One Provider Group)**

Menu Path:

CA->PAS->Managed Care->PMCP->GNET->(Group name)-  
>Press NEXT SCREEN->(I)nactivate/Reactivate-  
>(G)roup Place of Care

1. Enter the name of the provider group at the prompt "Select Provider Group". Press the NEXT SCREEN key when the PROVIDER GROUP PROFILE screen for the selected provider group displays.
2. You may inactivate an MCP place of care for all providers within an MCP Provider Group by selecting first, the (I)nactivate/Reactivate action, and then the (G)roup Place of Care action.
3. CHCS then prompts you to select the Place of Care to inactivate. Once you have selected the Place of Care, CHCS displays the Inactivation/Reactivation of Place of Care screen (refer to Screen 9) and prompts you to enter the Inactivation Date, the Reactivation Date if any, and the reason for the inactivation/reactivation.



## Sample Screen 9 - Place of Care Inactivation

### INACTIVATION/REACTIVATION OF PLACE OF CARE

Provider Group: FAMILY PRACTICE ASSOCIATES  
Place of Care: FAMILY PRACTICE CL 1  
-----

Inactivation Date: 10 Dec 1996  
Reactivation Date: 15 Mar 1997

Reason for Inactivation/Reactivation:

4. If any providers in the specified provider group were PCMs in the inactivated place of care, users will no longer be able to make PCM assignment for those providers at that place of care. None of the providers linked to the inactivated place of care will appear on the PCM picklists for the inactivated place of care.
  5. The user may reactivate the place of care by setting the Reactivation Date for the specified group place of care to the appropriate date.
- I. MCP Place of Care Inactivation/Reactivation at the Network Level (Inactivate/Reactivate an MCP Place of Care in all Provider Groups)**

Menu Path:  
CA->PAS->Managed Care->FMCP->PTAB->PLAC

1. You may inactivate an MCP MTF place of care at the MTF Level by using the PLAC (Place of Care Enter/Edit option) on the Provider Network File/Table Maintenance Menu.
2. Enter the name of MCP place of care to inactivate. Once you have selected the appropriate place of care, CHCS displays the action bar "Select (E)dit profile, (I)nactivate/Reactivate, or (Q)uit". Select the "(I)nactivate/ Reactivate" action. CHCS then displays the "Inactivation/Reactivation of Place of Care From All the Groups" screen (refer to Screen 10) and prompts you to enter the Inactivation Date, the Reactivation Date if any, and the Reason for Inactivation/Reactivation for the specified place of care.

## **Sample Screen 10 - Place of Care Inactivation from a Group**

### INACTIVATION/REACTIVATION OF PLACE OF CARE FROM ALL THE GROUP

Place of Care: FAMILY PRACTICE CL 1  
-----

Inactivation Date: 10 Dec 1996

Reactivation Date: 15 Mar 1997

Reason for Inactivation/Reactivation:

3. The MCP Place of Care will be inactivated on the inactivation date set, for the all provider groups in the network and for all providers within those groups that are linked to the inactivated place of care. If any providers in any provider groups were PCMs in the inactivated place of care, users will no longer be able to make PCM assignments for those providers at that place of care. None of the providers linked to the inactivated place of care will appear on the PCM picklists for the inactivated place of care.
4. The user may reactivate the place of care by setting the Reactivation Date for the specified place of care to the appropriate date.

## **J. PAS Discrepancy Avoidance Report**

When a provider or a Clinic/place of care is inactivated, CHCS checks for any discrepancies (i.e., pending appointments, wait list requests, or PCM assignments) linked to the inactivation. The system then prompts you to generate the Discrepancy Avoidance Report and automatically transmits the same data via a mail bulletin to the appropriate PAS/MCP mail group (i.e., SDSMGR or CPZMGR) notifying its members of the any discrepancies found.

The following sequence of operations enables you to generate a Discrepancy Avoidance Report for a PAS/MCP provider or clinic/Place of Care.

Menu Paths:

CA>PAS>S>ORDM> #8

CA>PAS>MCP>PMCP>MNET>MMRM>#3

1. At the first prompt "Select (C)linic, (P)rovider, or (B)oth", enter a choice of:
  - a. **(C)linic action:** Enter the name of the clinic for which you wish to generate the Discrepancy Avoidance Report.
  - b. **(P)rovider action:** Enter the name of the provider for which you wish to generate the Discrepancy Avoidance Report.
  - c. **(B)oth action:** Enter the specified clinic and then, the name of the provider for which you wish to generate the Discrepancy Avoidance Report.
2. CHCS then prompts you for the output device and may generate the Discrepancy Avoidance Report (refer to Screen 11).

### Sample Screen 11 - Discrepancy Avoidance Report

NH PORTSMOUTH, VA

30 Jan 1997@1531 Page 1

#### DISCREPANCY AVOIDANCE REPORT

Personal Data - Privacy Act of 1994 (PL 93-579)

\*\* Booked Appointments & Referrals \*\*

Clinic: CARDIOLOGY

Provider: TWADDLE,GUY

```
=====
Patient      Home Phone      Appt Date/Time
      FMP/SSN      Work Phone      Appt Type
=====
ALLAN,MICHAEL      H:  535-3432      02 Feb 1997@0930
      20/542-00-4543      W:  525-3543      NEW
ASHTON,TERRY      H:  472-3241      02 Feb 1997@1300
      20/612-32-7214      W:  472-9823      FOL
=====
```

-----  
Booked appointments should be rescheduled using the Cancel by Patient option.  
----- End of the Discrepancy Avoidance Report -----

### 3.7.3 FILE AND TABLE CHANGE.

- A. Ensure PAS TaskMan Bulletin, **SD WEEKLY CLEANUP**, is tasked to run weekly.

- B. Attach PAS/MCP Supervisory Mail Groups to the new Mail Bulletins **SD INACTIVATE PROVIDER** and **SD INACTIVATE PLACE OF CARE**.

#### 3.7.4 IMPLEMENTATION ISSUES.

- A. Inactivation/Reactivation of providers or places of care will occur immediately on the inactivation/reactivation date.

Example: If a provider is inactivated today, then the user may no longer create schedules, book appointments, make wait list requests, or do PCM assignments for the specified provider.

- B. CHCS users (i.e., PAS Supervisors, and Managed Care Supervisors) will use CHCS MCP as they do presently to inactivate and reactivate PAS/MCP providers and clinics/places of care. The end result is the same. The process in achieving the end is different.

Data entry to inactivate PAS Clinics/MCP Places of Care and providers is similar now. You may use a past, present, or future inactivation date.

- C. PAS inactivation of Clinics and Providers will affect MCP Places of Care and MCP Providers as well. MCP Supervisors should be members of PAS Supervisors Mail Groups or have their Mail Group also attached to the PAS bulletins **SD INACTIVATE PROVIDER** and **SD INACTIVATE PLACE OF CARE**.
- D. MCP inactivation of providers via the menu option PROV (NETWORK Level) and via the PAS PROVIDER PROFILE screen in GNET will affect PAS Providers as well.
- E. MCP Inactivation at the Group and Place of Care Level within the menu option GNET ARE NOT PAS inactivations.
- F. Inactivation of providers via any other CHCS functionality will affect PAS and MCP. CHCS will display a message informing the user whenever the provider has open appointments, wait list requests or linked enrollments.

### **3.8 MCP UIC TOTAL SOLUTION.**

#### **3.8.1 OVERVIEW OF CHANGE.**

MCP Enrollment and booking clerks who update mini-registration records will now be required to select the UIC from the UIC file. Free text entry is no longer permitted. UICs may still be added via the Common Files. Modifications to existing files may now be done also via Common Files to reflect common names used at site.

The UIC Maintenance Report has been modified to identify enrolled patients which do not have a valid UIC pointer in the Patient File (UNKNOWN or null). The report is no longer a spooled report and may be printed on demand. Several other reports are now available via Common Files.

Please Refer to the Common Files Implementation Update Guide for more detailed information.

#### **3.8.2 DETAILED WORKFLOW.**

##### Process Narrative

The MCP functionality utilizes the Unit Ship ID code of active duty enrollees to process batch enrollments and batch reassignment of a Primary Care Manager (PCM) based on the assigned military unit. This change provides mechanisms to automatically update the UIC cross reference used in MCP. In addition, a site will be able to track those UICs from the DEERS eligibility responses of active duty enrollees which could not be matched using the site's Unit Ship ID file (refer to the CF IUG).

Routines which currently allow the user to search\sort\update\print by the Military Duty Station (free text) will be modified to utilize the Unit Ship ID cross reference which will be stored in the MCP Patient file.

##### A. Batch Enroll Active Duty functions:

- IBER Identify Potential Active Duty Candidates
- UBER Update/Print/Enroll Potential AD Candidates
- PBER Print Batch Enrollment Report
- Active Duty Auto Enroll (following Mini registration)
- Family Batch Enrollment Label
- Conditional Enrollment Processing (F9 expand window)
- AD Family Members by Unit Enrollment Roster

SF600 and SF558 Forms (Unscheduled or ER Visit)  
Consolidated OR Provider Roster - One Clinic  
Consolidated OR Provider Roster - All Clinics  
Provider Roster - All Clinics  
SD Military No Show Report(TaskMan Rpt)  
SD Aviation Medicine Report (TaskMan Rpt)  
SD Command Security Program (TaskMan Rpt)

Part 1 of the Active Duty Enrollee/UIC Maintenance Report will be re-titled for clarification. This section of the report identifies only those Active Duty enrollees not assigned to the default UIC for that unit.

#### Functionality Changes

- A. The free-text Military Duty Station Unit field in the Patient File will no longer be used or displayed in registration screens.
- B. A new field will be added to all registration screens to display the Unit Ship ID code as well as the Unit Ship ID description.
- C. The Unit Ship ID file classification will continue to be a 2B file which contains standard file entries and allows the site to add entries to the file. Site users may continue to identify alias names for a Unit Ship ID and may also identify primary units which are commonly used by a MTF.

**\*Note if an alias name has been defined at the site, it is the alias name which will be displayed as the formal name on all reports and display screens in MCP.**

- D. Updates to the Unit Ship ID file are processed either via the DA Inactivate\Reactivate option or through DA data updates. Inactivation will be allowed only if there are no enrolled patients associated with that unit.
- E. When updates to the Unit Ship ID file are processed at CHCS sites, a report will be printed and will be available on demand which will identify the patients currently assigned to a DBA inactive, UNKNOWN, or null Unit Ship ID.
- F. A re-pointer utility (new DA Menu option) will be provided to batch reassign sponsors in one Unit

Ship ID s to a new active Unit Ship ID. It is the responsibility of the site personnel to use this utility to reassign sponsors to an active Unit Ship ID prior to the inactivation of a UIC. MCP users must review on a regular basis the PCM assignment and utilize the Batch PCM Reassignment option if appropriate.

#### Impact to TaskMan Jobs

As a result of having a trigger to the MCP Patient file to indicate changes of the Unit Ship ID in the Patient file, the ACTIVE DUTY ENROLLEE/UIC MAINTENANCE REPORT will need a minor modification to indicate if there is a need to update the assigned PCM if patients are reassigned to a different Unit (Part 1). Enrollees which point to the Unit Ship ID (#2) of UNKNOWN or is null will display the DEERS Unknown UIC code contained in the DEERS Eligibility Response (Part 2). This report may be generated on demand now. It no longer is a weekly spooled report.

Menu Paths: BMCP > APCM > URPT  
EMCP > OENR > ERPM > ROST > #11  
OMCP > ERME > ROST > #11

#### Sample Screen #1 - AD/UIC MAINTENANCE REPORT

```
TRIPLER AMC HONOLULU HI                      31 Jan 1997@1553   Page 1
      ACTIVE DUTY ENROLLEE/UIC MAINTENANCE REPORT
Part 1: Active Duty Enrollees with a Non Default PCM
Enrolling Division: A DIVISION
=====
Name      FMP/SSN      Current PCM      Agr  Specialty
UIC      Default PCM      Agr  Avail AD Capacity
-----
MONTANA,MISSOULA 20/810-45-1202  PCC - NP PCMS GROUP      MTF  UROLOGY  NH
LONG BEACH 101
```

-----  
Footnote: Enrollee records have been updated with new UIC code. The user must determine if a change in PCM is appropriate.

```
TRIPLER AMC HONOLULU HI                      31 Jan 1997@1553   Page 2
      ACTIVE DUTY ENROLLEE/UIC MAINTENANCE REPORT
      Part 2: Active Duty Enrollees with Invalid UIC Codes
Enrolling Division: A DIVISION (continued)
=====
FMP/SSN      Name      Unmatched DEERS UIC
-----
20/000-00-8003  SIMPSON,MICHAEL      N0000000
20/123-45-6666  JONES,BART A      AF9999
20/055-56-8855  GHINGER,GAIL M      N0028518
```

Footnote: Enrollee records have been updated with new UIC code. The user must determine if a change in PCM is appropriate.

---

The TaskMan job which is used to update the Batch Active Duty Enrollment process will be modified to automatically trigger an update to the UIC stored in the CP Update Candidate file.

Other

Please refer to the Common File (CF) IUG for more detailed information.

### **3.8.3 FILE AND TABLE CHANGES.**

- A. Review all UIC/PCM links to ensure PCMs are linked to true units from the UIC file. Correct any links necessary via the menu option UICP

### **3.8.4 IMPLEMENTATION ISSUES.**

- A. The free-text Military Duty Station Unit field in the Patient File will no longer be used or displayed in registration screens.

MCP Enrollment clerks who update registration information will be required to select Unit Ship ID from the Unit Ship ID file (#8111).

Note: This may be perceived as a loss of functionality because users will no longer have free text capability. However this solution of selecting from a standard file is based on the fact that updates to the Unit Ship ID standard file are scheduled to occur on a monthly basis and that clean up activities to this file are in progress. With the enhancement of downloading of the DEERS UIC from the eligibility responses included, more direct hits are expected.

- B. Site users may identify alias names for a Unit Ship ID and may also identify primary units which are commonly used by a MTF.
- C. Unit Inactivation will be allowed only if there are no enrolled patients associated with that unit.



- D. MCP users must review on a regular basis the PCM assignment and utilize the Batch PCM Reassignment option to reassign patients from a unit to be inactivated if appropriate.

### **3.9 MISCELLANEOUS CHANGES.**

#### **3.9.1 ENROLLMENT BASED CAPITATION (EBC) CHANGES.**

EBC changes were part of a rapid release in software version 4.5. For information regarding these changes, please refer to Manual DS-IM98-6009 dated 13 Feb 1998. DS-IM98-6009 dated 13 Feb 1998.

#### **3.9.2 PAS DEERS INELIGIBILITY REPORT.**

The PAS DEERS INELIGIBILITY REPORT now may be sorted by Clinic, Division, or Group with Page breaks between clinics. The MCP DEERS INELIGIBILITY Report is unchanged. Please see the PAS IUG for detailed changes.

Menu Path in MCP: MCP > EMCP > OENR > DRPM > #4  
MCP > OMCP > DEMR > #4

#### **3.16.3 APV APPOINTMENTS AND LOCATIONS.**

- A. Same Day Surgery Hospital Locations are now referred to as AMBULATORY PROCEDURE UNITS (APUs) and must have a Location Type of S. Please refer to the Common Files IUG for detailed information on File & Table issues and MEPRS questions.
- B. Appointments to APUs may be booked through Health Care Finders menu options AHCF (Appointment Referrals) and NHCF (Non-Enrolled Booking) if booking through MCP. Appointments may be booked through the PAS options BOK and AOP. Minutes of service may be documented via the PAS menu option VAP. Please refer to PAS IUG for detailed information regarding booking and check-ins/walk-ins.
- C. Refer to the Clinical IUG for detailed information regarding AMBULATORY PROCEDURE REQUESTS (APRs).

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APPENDIX A:

GENERIC/COMMON FILE CHANGES

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## **A.1 SUMMARY OUTLINE.**

This Section provides a brief summary of the software changes in CHCS Version 4.6 from baseline CHCS Version 4.5 which affect CHCS common files.

### **A.1.1 UIC TOTAL SOLUTION.**

The ability for users to use free text to designate a Station/unit in mini and full registrations (The "Use as is?" option) has led to a number of coding and data inconsistencies across all of CHCS. Changes have been made to force users to select entries which are contained within the Unit Identification Code file. In addition, a conversion has been written to try to convert all of the free text entries to valid entries. Many new options have been developed to maintain the UIC file and make it easier for users to select an appropriate Unit for patients.

### **A.1.2 MTF DATA NO LONGER SUPPORTED.**

The Medical Treatment Facility (MTF) File has been used historically in CHCS to designate the Medical Treatment Facilities belonging to the Department of Defense and other facilities with which they associate. As such, entries in this Class 1 file have been used throughout the software to not only designate individual facilities but to also designate the CHCS platform at an individual site. This file will now be editable. Sites will no longer have to choose a value from this file to define their site, instead they will be able to create a "Host Platform Name".

### **A.1.3 PROVIDER AND PLACE OF CARE INACTIVATION.**

CHCS presently allows authorized CHCS users to inactivate providers and hospital locations by more than one method. CHCS will now maintain consistency when inactivating a provider either by entering an inactivation date in the Provider file, or when DBA-Inactivating Providers. There will also be consistency for the inactivation of Hospital Locations.

### **A.1.4 E-LEVEL MEPRS EDIT.**

CHCS will prevent the entry of an inappropriate requesting location in the DEFAULT LOCATION field in the User Order-Entry Preferences option and in the LOCATION field in the Provider file.

CHCS will also produce two new reports to identify discrepancies for existing data in the Hospital Location file. One report lists hospital locations, when the Group IDs for the location and the location's MEPRS code are not equal. The second report lists hospital locations that have an inappropriate MEPRS code based on the Location Type.

#### **A.1.5 MEPRS PARENT ADDED TO DMIS ID FILE.**

SAIC will modify the CHCS DMIS ID Codes file #8103 to include all fields currently provided in the source data file which CHCS receives. CHCS will be modified to use the MEPRS (EAS) PARENT field (new) to determine if a division's workload is eligible for Workload Assignment Module (WAM) workload reporting.

#### **A.1.6 CHANGES TO SUPPORT APV.**

When patients are surgically treated and released within twenty-four hours, workload reporting is processed as outpatient workload under the new category entitled "Ambulatory Procedure Visit" (APV). This enhancement requires that the Ambulatory Procedure Units (APU) be set up as unique hospital locations. These APUs have a location type of "Ambulatory Procedure Unit," that replaces the existing "Same Day Surgery" location type.

When defining MEPRS Codes, the system allows the user to flag the appropriate MEPRS Codes as APU MEPRS codes. Additionally, the system allows the user to define the corresponding DGA\* MEPRS Code for hospital locations defined as "Ambulatory procedure units" that also utilize an "APU" MEPRS code. This will enable CHCS to record minutes of service for APV workload, and attribute it to the appropriate MEPRS code.

If the patient's APV encounter requires an inpatient admission, the system allows the user to assign the new corresponding Source of Admission Code, "APA - Admission Resulting from APV."

#### **A.1.7 REVISE PROVIDER SCREENS AND PROVIDER FILE.**

This change redesigns the Provider File Enter/Edit screens and removes obsolete data elements from the provider file. Obsolete data elements have been removed from the provider screens and remaining elements have been rearranged for a more logical grouping.

### MailMan Enhancements

The List New Messages (LNM) option on the CHCS user's Mailman menu now offers the user a window screen format for viewing and selecting messages and responses to read. This window allows the user to scroll through back and forth through the list to decide which messages to read. Press the select key, only, next to the subject and the message will display. Once the user is finished reading the message and chooses a Message Action the new message window will return for the user to select another message.

Scrolling options include the standard uses of the up or down cursor keys, the [F7] key for bottom of the list, the [F8] key for top of the list and the NextPage/PreviousPage keys.

### Sample Screen

New Messages for DOCTOR,LAMP  
@TRAINING.SAIC.COM

Thu, 21 Jun 2001 12:15:44

```
|
| 1) Subj: APPOINTMENT SCHEDULED
|           Thu, 21 Jun 2001 11:54:02      5 Lines
|       From: POSTMASTER  Not read, in IN basket
| 2) Subj: MISSING SIGNATURE
|           Sat, 10 Jan 2001 17:26:05      3 Lines
|       From: POSTMASTER  Not read, in IN basket
| 3) Subj: MISSING SIGNATURE
|           Sat, 10 Jan 2001 17:26:05      3 Lines
|       From: POSTMASTER  Not read, in IN basket
| 4) Subj: NOTIFY NON-COMPLIANT RX
|           Sun, 17 Jun 2001 10:23:27     10 Lines
+ |
```

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APPENDIX B:

MASTER CHECKLIST

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TABLE OF CONTENTS

Section	Title	Page
B.1	USER TRAINING .....	B-1
B.1.1	CLN .....	B-1
B.1.2	COMMON FILES .....	B-2
B.1.3	LAB .....	B-2
B.1.4	MCP .....	B-2
B.1.5	PAD/MSA .....	B-3
B.1.6	PAS .....	B-4
B.1.7	PHR .....	B-4
B.1.8	RAD .....	B-4
B.1.9	MRT .....	B-4
B.2	IMPLEMENTATION ISSUES .....	B-5
B.2.1	CLN .....	B-5
B.2.2	COMMON FILES .....	B-6
B.2.3	LAB .....	B-6
B.2.4	MCP .....	B-9
B.2.5	PAD/MSA .....	B-10
B.2.6	PAS .....	B-10
B.2.7	PHR .....	B-10
B.2.8	RAD .....	B-11
B.2.9	MRT .....	B-11
B.3	INTEGRATION ISSUES .....	B-14
B.3.1	CLN .....	B-14
B.3.2	COMMON FILES .....	B-15
B.3.3	LAB .....	B-15
B.3.4	MCP .....	B-15
B.3.5	PAD/MSA .....	B-17
B.3.6	PAS .....	B-18
B.3.7	PHR .....	B-18
B.3.8	RAD .....	B-19
B.3.9	MRT .....	B-19
B.4	FILE AND TABLE CHANGES .....	B-19
B.4.1	CLN .....	B-19
B.4.2	COMMON FILES .....	B-21
B.4.3	LAB .....	B-22
B.4.4	MCP .....	B-22
B.4.5	PAD/MSA .....	B-23
B.4.6	PAS .....	B-23
B.4.7	PHR .....	B-24
B.4.8	RAD .....	B-25

B.4.9	MRT .....	B-25
B.5	SECURITY KEYS .....	B-26
B.5.1	CLN .....	B-26
B.5.2	COMMON FILES .....	B-27
B.5.3	LAB .....	B-27
B.5.4	MCP .....	B-27
B.5.5	PAD/MSA .....	B-28
B.5.6	PAS .....	B-28
B.5.7	PHR .....	B-29
B.5.8	RAD .....	B-29
B.5.9	MRT .....	B-29

## GENERIC CHECKLIST ITEMS FOR ALL USERS

### B.1 USER TRAINING.

#### B.1.1 CLN.

It is recommended the site request Implementation Support for training and user assistance in the new clinical enhancements for this activation.

It is recommended that HCP-level users (Classes 2-4) and Nurse/Clerk-level users (Class 0-1) attend separate demonstrations for clinical enhancements that will be utilized.

Training sessions should include a brief introduction demo covering the Inappropriate Requesting Location changes, and an overview of the Transportable Patient Records, Duty Station and UIC enhancements. Classes should be organized to include the topics below.

HCP-Level users: (Determine length of class by topics)

Introduction Demo	(15 min)
Progress Notes	(30 min)
Discharge Summaries	(30 min)
Problem Lists	(30 min)
Consult Results	(1 hour)
APV Order Entry	(30 min)

Nurse/Clerk-Level users: (Determine length of class by topics)

Introduction Demo	(15 min)
Progress Notes	(15 min)
Discharge Summary	(30 min)
Problem Lists	(15 min)
Consult Results	(1 hour)
APV Order Entry	(15 min)
Immunization Enter/Review (Nurse-level)	(30 min)
Nursing Due Lists	(1 hour)

It is recommended that supervisory personnel, responsible for File and Table maintenance, attend a separate demo to cover the requirements for Progress Notes, Immunizations, Clinical Site Parameters, Consult Procedures, Discharge Summaries and Transportable Patient Records. Transportable Patient Records training is not covered in the core classes.

It is recommended that users who will be responsible for entering APV Minutes of Service attend the PAS demonstration covering this option.

#### **B.1.2 COMMON FILES.**

It is recommended that Data Base Administrators attend a two hour demo.

#### **B.1.3 LAB .**

There are two LAB IUG documents to reference for this upgrade:

- (a) IPDWC Interface to COMED AP: MPL Enhancement DS-IMPL-5000
- (b) This IUG: Upgrade to CHCS Version 4.6

A 1.5 hr. demo of general 4.6 changes is recommended for Lab Supervisory Personnel prior to activation. The familiarization training plan is recommended as an alternative if a demo is not possible.

If APCOTS is not ACTIVATED or if the MPL enhancement has already been implemented, a 2 to 3 hour block of time for demo or self study is estimated for a user familiar with CHCS Lab F/T maintenance to prepare for this upgrade. Sites without users familiar with Lab F/T maintenance have two logical choices, (1) subscribe to standard CHCS training {est. 2-3 days} or (2) request onsite outside assistance.

If the site is preparing to activate APCOTS, an additional 2-3 hours is recommended for demo and to answer site questions.

Attendance: Lab KEY POC's: Managers, F/T maintenance, Anatomic Pathology, senior supervisory personnel, Quality Assurance and Lab Trainers.

#### **B.1.4 MCP.**

USE CURRENT END ELIG DATE TO DETERMINE AD DISENROLLMENT

- |                                       |            |
|---------------------------------------|------------|
| 1. MCP Supervisors, MCP F/T personnel | 5 min demo |
| -Screen #1 of change                  | Handout    |

SET PCM CAPACITY FOR MEDICARE ENROLLEES

- |   |      |         |
|---|------|---------|
| 1. Enrollment Clerks  | Demo | 15 mins |
| 2. MCP Supervisors & F/T personnel<br>(includes Enr clerk's demo) | "    | 30 mins |
| 3. Systems/MCP Sup./F&T personnel<br>Handout: Exception Report    |      |         |

LIST ONLY PCM GROUP MEMBERS IN HELP TEXT

- |                        |         |
|------------------------|---------|
| 1. MCP Booking Clerks  | 15 mins |
| 2. Health Care Finders | 15 mins |
| 3. MCP Supervisors     | 15 mins |

DISPLAY DEERS INFO IN MTF BOOKING FOR MEMBERS NOT ENROLLED

- |              |                                |
|--------------|--------------------------------|
| 1. All Users | Handout of the new screens ... |
|--------------|--------------------------------|

AUTOMATIC ELIGIBILITY CHECK FOR CONDITIONAL ENROLLMENT

- |                    |                       |
|--------------------|-----------------------|
| 1. MCP SUPERVISORS | Handout - This Change |
|--------------------|-----------------------|

AD ASSIGNMENT TO EXTERNAL PCM

- |  |         |
|--|---------|
| 1. Tricare Enrollment Clerks                       | 15 mins |
| 2. Tricare/MCP Supervisors                         | 30 mins |
| 3. MCP F/T personnel                               | 60 mins |
| (Class for F/T includes Clerks & Supervisors demo) |         |

PROVIDER PLACE OF CARE INACTIVATION

- |                            |         |
|----------------------------|---------|
| 1. PAS and MCP Supervisors | 30 mins |
|----------------------------|---------|

UIC TOTAL SOLUTION

- |                     |                 |
|---------------------|-----------------|
| 1. MCP Clerks       | 15 mins         |
| 2. DBA Common Files | Refer to CF IUG |

EBC

Refer to EBC IUG.

**B.1.5 PAD/MSA.**

It is recommended that PAD supervisors attend the 1 hour supervisory demo plus the 1.5 hour clerk/general user demo. MSA supervisors and clerks should attend the 1 hour MSA demo.

**B.1.6 PAS.**

A 2 hour demo is recommended (1 hour for APV users; 1 hour for other PAS users), to be attended by Facility Trainers, Booking personnel, Clinic Supervisors, and PAS file and table POCs.

(See MCP section as well. Sites using MCP may want to combine demos) it combined, schedule a 3 hr. time slot.

**B.1.7 PHR.**

The time required for training may vary from site to site depending on the functions utilized. Bar Code, the Dispensing Option Enhancement and/or Quick Dispense are optional. The latter two are dependent upon the use of the Ver 4.5 Dispensing Option. If the site chooses not to use any of these, then the remaining changes, except for RX Number Consistency and FDB III, are either passive in nature or will affect supervisory personnel only.

A 1 hour demo is recommended for familiarization training. An additional hour is estimated to demo the Dispensing Option Enhancement, Quick Dispense, and Bar Code changes.

**B.1.8 RAD.**

RAD USERS: File and Table supervisors should attend a two-hour training demonstration for both modifications to the Print Pull List and Scheduling Parameters Modifications. Both will require file and table maintenance.

File room personnel should attend a one-half hour demonstration on the new Print Pull List option.

**B.1.9 MRT.**

PAD USERS: Users who are responsible for retiring records to NPRC or transferring records within their CHCS network should attend a two-hour functionality demo/training. This would include all PAD POCs, file room supervisors and personnel responsible for performing transfer/retire tasks.

PAD USERS: If MRT clerks will be creating APV records, they should be available for an APV record creation demonstration of about 30 minutes.



PAS/MCP USERS: If PAS supervisors are going to create a file room for APV records, they need one on one training (if they do not know how to create a file room) of about 30 minutes.

SITE MANAGERS and SYSTEM SPECIALISTS: It is recommended that site personnel responsible for formatting the Record Index/Shipment Data File to ASCII attend a one on one demo of about 30 minutes.

## **B.2 IMPLEMENTATION ISSUES.**

### **B.2.1 CLN.**

Before the Install:

- \_\_\_\_\_ 1. It is recommended that the site assess the way they are currently using Consult Orders and determine whether the Consult Results option will be used. Gather data for the File and Table build to be entered post load to include Consult Names and type; Consulting Clinics and Providers; Devices, etc.)
- \_\_\_\_\_ 2. It is recommended that the site gather data related to the Ambulatory Procedure Units that are currently in use for File and Table build post load. Coordination with PAS, PAD, MEPRS and Systems Admin is required for this effort.
- \_\_\_\_\_ 3. The site should establish what pre-positioned data will be entered for Patient Instructions and Discharge Summary Text to support the Discharge Summary enhancements. Patient Instructions can be entered before the load.
- \_\_\_\_\_ 4. It is highly recommended that the site appoint a contact person for Immunization file and table build. This information should be available post load for all immunization file and table requirements.

Post Install:

- \_\_\_\_\_ Communicate with other areas and verify that all APV File and Table has been completed before use of this option can be implemented.
- \_\_\_\_\_ Assign the necessary security keys for Patient Notes, Consults, transportable records and APV order entry.

- \_\_\_ Identify personnel for each clinic to be responsible for the Problem Selection List entries if this enhancement will be utilized on site.
- \_\_\_ Decide how the Transportable Patient Records options will be utilized at the site.

### **B.2.2 COMMON FILES.**

#### Pre Load:

- \_\_\_ A meeting must take place between the different sites on the CHCS system to determine if a host platform will be defined and, if so, what values will be used.
- \_\_\_ A meeting must take place between the Data Base administrator and the MEPRS office to determine which MEPRS codes will need to have the "APU Flag:" set to YES and DGA\* MEPRS that the APU locations will be linked to.

#### Post load:

- \_\_\_ In the case of hospital locations with inappropriate MEPRS codes, a determination will need to be made as to who uses the location if anyone. If no one uses the location, it should be inactivated. If the location is being used or orders are being made using it as a requesting location then a determination should be made as to what MEPRS code it should be using and whether the "Location Type" is correct.
- \_\_\_ Hospital Locations with the MEPRS code or Cost pool Code inconsistent with the Group ID of the hospital location will need to be fixed. All divisions on the data base need to address this issue.
- \_\_\_ For the APV project, the building of APV MEPRS codes and APU Locations must be complete before other sub systems can do their file and table builds.

### **B.2.3 LAB.**

- \_\_\_ Quality Control Report Menu Option Enhancements

Verify that Quality Controls are defined with a Lab Section. Note that this field in the Quality Control file is not required for defining a Quality Control Specimen ... but is needed for this new enhancement to work properly!

\_\_\_ LAB HOST PLATFORM PARAMETERS (#8700) - \*\*NEW FILE\*\*

For any site needing to activate APCOTS, FileMan Enter/Edit is still required, but this is now done by accessing file #8700 instead of the LAB MTF (#69.9) file.

\_\_\_ DBSS activation

(1) The CHCS Program Office will direct when/which sites can activate DBSS. This is not a site decision.

(2) In terms of technical requirements, to support this interface, the minimum DBSS S/W version is 2.01.

(3) Recipients to receive discrepancy BLOOD TYPE bulletin:

For each Lab Division DBSS site, the determination will need to be made concerning appropriate entries to receive the Blood Type Bulletin, bearing in mind that Mail Users and Groups may be division specific and Device file entries are MTF-wide.

\_\_\_ CHCS BLOOD TYPE TEST

If not already defined, a {non-DBSS} laboratory test can be created for CHCS result entry of a patient's Blood Group and Rh Type. The name of this test can be entered in the Lab Host Platform Parameters file. As this test will be shared system-wide, sites will need to reach an agreement for the name.

Note, if existing CH subscript tests already exist, caution needs to be exercised to ensure that test replacements do not compromise existing ORDER SETS. If an order set is defined with an existing lab test that is going to be inactivated, the order set will need to be edited to delete the old test and to add the new one.

One final note is that certain characters (symbols) may need to be avoided when defining the name of the new test. For example, if "&", "\", or "+" are incorporated into the test name, the result will not be received into CliniComp.

\_\_\_ DAC Results Report {Amended Results}

As a result of version 4.6 s/w changes, laboratory results amended before the upgrade will not be captured on the DAC report for Amended Results. Since this historical data will not be available after the upgrade, it is suggested that Lab Managers (in each Lab Work Element) print the standard DAC

report for Amended Results if this report is presently being used/monitored by QA. If this is done on a daily basis for the week preceding the upgrade, then on the day prior to the upgrade, there will be only one days worth of data to be compiled and printed {and the report should complete quickly}.

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#### DII/LSI Interface

A new Mail Group should be created by DBA to receive DII Error Message bulletins. Depending upon the needs of the site for those bulletins, consideration should be given for division specific mail groups. DII type entries in the Lab System Interface file would subsequently need to be populated correctly with the appropriate mail group for each division. It is NOT recommended that these mail groups be added in the Bulletin file.

After the upgrade, error messages from DII interfaced instruments will begin to display to lab users during TAR as a part of routine operation. These error messages will also begin to populate the DII ERROR INITIALIZATION and the AUTO INSTRUMENT files. In the Auto Instrument file, this instrument generated error message will populate the ERROR CODE and the associated ACTION CODE and ERROR TEXT. The Action Code populated by the error message is the default, "Display Error/Do Not File". Lab F/T action is required to change this Action Code as needed and enter the User Definable Error Message for each error. The User Definable Error Message field is 'free text' and gives Lab F/T users the means to clarify the error display text and to specify the suitable course of action for the lab user to take when the error is encountered. The Lab F/T interaction will continue until all possible errors have been encountered by the DII interfaced auto instrument and as instrument software upgrades are installed with new and/or different error messages.

---

#### Routine preparations for version upgrades are done:

Verify there are no outstanding Transmittal Lists, Collection Lists and Work Documents. One of the enhancements of version 4.6 is SIR 14744, which establishes an upper limit on batches as 9999. Any Work Document batches greater than 9999 will not be accessible after the load. Even though a laboratory may have work document batch #'s less than 9999, it is still recommended that all work documents are unloaded as a normal precaution prior to the upgrade.

**B.2.4 MCP.**

USE CURRENT END ELIG DATE TO DETERMINE AD DISENROLLMENT

POST LOAD

\_\_\_ Decide on the Grace Period for AD enrolled patients and set the parameter via menu option PARA.

SET PCM CAPACITY FOR MEDICARE ENROLLEES

POST-LOAD

\_\_\_ Print the Exception Report BENFICIARY CATEGORY/PATIENT CATEGORY DISCREPANCY REPORT.

\_\_\_ Review the report to correct Patient Categories or registration.

\_\_\_ Review PCM Groups and revises PCM capacities as needed.

AD ASSIGNMENT TO EXTERNAL PCM

Pre-Load:

\_\_\_ Determine which external PCMs will be allowed ACTIVE DUTY patients and establish capacities.

Post-Load:

\_\_\_ Review all external PCMs with agreements of NET and SUP.

\_\_\_ Define AD capacities for these providers if limit .....

\_\_\_ Assign new Security Key to appropriate users (sec 2.5).

PROVIDER PLACE OF CARE INACTIVATION

\_\_\_ CHCS users (i.e., PAS Supervisors, and Managed Care Supervisors) will use the system as they do presently to inactivate and reactivate PAS providers and clinics and MCP providers and places of care. The end result is the same. The process in achieving the end is different.

UIC TOTAL SOLUTION

Pre-Load:

\_\_\_ Ensure all registrations are correct when feasible

Post-Load:

\_\_\_ DBA should review reports to correct registrations.

#### **B.2.5 PAD/MSA.**

Before the install:

\_\_\_ Run the MSA and TPC Active Accounts Receivables (AAR) the day prior to the software load.

\_\_\_ Run the MSA Balance Check two days prior to the software load and log a Support Center Call for any problem accounts.

\_\_\_ Sites can make good use of Post Master Mailman Messages in order to emphasize key changes which will affect the users after the software load, i.e.: MASCAL Phase II, DD7A Functions, Station/Unit Code Changes, etc.

\_\_\_ Sites who want to create a DD7A Billing Report for the month during which CHCS version 4.6 is loaded, should take steps to record all applicable outpatient visits which can then be added to the report via the DD7A Monthly Outpatient Billing Process (MBP).

\_\_\_ Sites may want to run off all templates for Ad Hocs created to support the MASCAL Functionality.

During the install:

\_\_\_ Track all PAD/MSA activity to be backloaded when the system is returned to the users.

#### **B.2.6 PAS.**

\_\_\_ Sites need to define the HOST PLATFORM NAME, but don't need to do so until after the installation of Version 4.6.

\_\_\_ File and Table personnel need to review the clinic profiles to ensure they are set up with the correct service.

\_\_\_ The Service Type file must be populated through BFIL.

\_\_\_ PAS clinic and provider profiles, templates and schedules must be created and maintained for each APV clinic.

**B.2.7 PHR.**

If a site plans on using Bar Code:

- Before deciding to implement Bar Code on all printers, users should plan on a trial period using a limited number. Bar Coded label generation by Datasouth printers will take significantly longer than they are accustomed to (three times as long). And, even if the site has acquired an Intermec printer exclusively for Bar Code, a non-bar coding printer should be kept available for a period of time.

If a site plans on using Dispensing software:

- It is likely that most sites will have delayed implementing Dispensing Option (Ver 4.5) awaiting the availability of Bar Code. At those sites where this is true, it would probably be prudent to not enable Dispensing Option/Dispensing Option Enhancement II and Quick Dispense until the Bar Code trial has been completed and the label generation time increase has been evaluated by the site.
- Pharmacy users should be encouraged to mark RXs noncompliant via the DRX option rather than via Noncompliance Data (NON). This will combine multiple RXs for the same patient into one mail message. If this is done via NON, one message will be generated for each RX.  
  
Dispensing Option/Dispensing Option Enhancement and Quick Dispense are enabled at the Division level. It is either on or off for all outpatient sites in a particular division.
- Caution sites that disabling dispensing software will permanently erase dispensing data recorded to that point.

**B.2.8 RAD.**

- Schedule templates will require modification prior to implementing 24-hour scheduling.
- Existing labels will require re-formatting if new print fields will be implemented.
- Clinics requiring Radiology to pull records for SCHEDULED APPOINTMENTS MUST be in the BORROWERS SET-UP FILE.

### **B.2.9 MRT.**

#### **PRE-LOAD**

- \_\_\_ It is recommended that old retirement indices be deleted prior to V4.6, as they cannot be deleted once V4.6 has been loaded.
- \_\_\_ Review current record types in the Type of Record Setup. Decide if any new record types need to be created. The PAD POC should check with other divisions prior to the load to see if they will use any new record types and either enter that information into the files or have the individual division POC's enter that into the files after the load.
- \_\_\_ Will PAD or PAS be creating APV records? The APV record must be created using the Create APV menu options from the PAS menu to ensure that the APV record is linked to the ambulatory procedure itself. If APV records are created through the PAD CV option, they will not be tied to the PAS appointment and the APV record tracking number will not be assigned. It must be decided who will create the APV records and if PAD will do so the APV menu can be assigned as a secondary menu.

#### **POST-LOAD**

- \_\_\_ Any medical record stored in a file room which does not have a corresponding electronic entry on CHCS MUST be entered onto CHCS or retired using the current manual process.

If there is no electronic record on CHCS and the site wishes to use CHCS to retire these records:

Access the 'Record Initialization' Menu:

1. PAD -> MRM -> TM -> OR -> CB {Create/Edit Batch Lists}
2. Enter patient's name for whom there is no record
3. Record creation date can be 'back-dated' to indicate when the patient was last seen at the MTF. The retire list searches the last patient activity date to put records on the list.
4. Then, PAD -> MRM -> TM -> OR -> NR {Create New Records/Print Labels}

You should now be able to create electronic retire lists using the appropriate search dates. When the RECORD INDEX is created using the Transfer-Retire menu, it will now include these records as eligible to retire.



\_\_\_\_ Many facilities have been retiring records electronically on CHCS prior to this software upgrade. If those sites wish to create or recreate a retirement list for those records, the actions listed below can be taken. It will be up to the POC to evaluate how records have been retired and if they desire to do any cleanup.

There have been a number of ways that sites have retired records. Depending on which method was used, the following actions can be taken:

- o If records were retired using: MRM-FE-PR  
Movement type = Inactivate

No further action is required.

- o If records were retired using: MRM-FE-PR  
Movement type = Move to Another file area and you've indicated NPRC as an 'Additional MTF' in your files:

Then generate an ADHOC (see software specialist) where 'current borrower' = the NPRC and Home Division = unknown. There has been a software error which sends these record into limbo because of the 'unknown' division. Now have software specialist use FileMan Enter/Edit and input the correct Home Division for those records. Those records will then show when doing an inquiry and the NPRC will be the destination.

- o If records were retired using: MRM-TM-TR (Transfer to Other MTF)

No further action should be required.

- o If records were retired using: MRM-TM-AC  
(Inactivate/reactivate Records).

No further action should be required.

- o If records were retired using: MRM-TM-MR  
(Move Records to Other File room).

Just access the file room where those records are located and generate a Retire list.

\_\_\_\_ When records are added to the Record Index, they are added to the bottom of the list. If records are added AFTER box numbers have been assigned, those records will automatically be assigned to the last box number on the list. Current

NPRC policy requires that all records be filed according to the SSN within boxes. However, Record Indices are easily deleted and can be re-generated so box numbers can be re-assigned.

— When a Record Index is generated for the retirement of records and the associated Shipment Data File is NOT created, the system will allow the user to SEND the Record Index which will update the record status to RETIRE RECORD. However, under these circumstances, the NOTIFY action is not available and the ASCII fill will not be created.

— Clinics requiring Medical Records for SCHEDULED APPOINTMENTS MUST be in the BORROWERS SET-UP FILE:

Menu Path: PAD Main Menu->MRM->{file room}->SD->BSU->Select BORROWER:

— To add clinics to pull list functions so that pull lists can be generated by provider, the RECORD TYPE NEEDED: field in the Borrowers Setup File MUST be populated with the RECORD TYPE needed when 'Record Requests are made when making appointments.

Menu Path: PAD Main Menu->MRM->{file room}->SD->BSU->Select BORROWER: Input Clinic here. At the Records needed field: add appropriate record to be pulled.

— PAD POC's need to check with POC's from all divisions to decide which record labels need patient address and division.

— When retiring records, the system searches records for retirement based on Patient Category. Family members are lumped with retiree records. That can present a problem if just family members are being retired. Currently there is no way to differentiate between these two patient categories. The development team is currently looking at this problem.

As a workaround, file areas could maintain family member records separate from Retirees. And then a retirement list could be generated appropriately.

— The O/P record location field on the mini-registration does not update when records are transferred or retired when the Transfer-Retire option is used. This is being addressed in a SIR being fixed now.

### **B.3 INTEGRATION ISSUES.**

#### **B.3.1 CLN.**

CLN/PAS.

\_\_\_ Contact the PAS POC to verify that PAS Profiles have been updated and schedules have been updated for consulting providers who need to enter consult results for a particular clinic if consult resulting on CHCS is utilized.

Contact the PAS POC to verify that PAS profiles and schedules have been updated to support the use of APV.

CLN/PAD.

\_\_\_ Identify POC for transportable patient records.

#### **B.3.2 COMMON FILES.**

CF/WAM

\_\_\_ Database administrators, MEPRS personal and WAM personnel will need to coordinate with each other to determine correct default locations for providers, correct MEPRS codes for the CHCS MEPRS file, and correct MEPRS codes for hospital locations.

CF/APV AREAS (CLN, PAD, PAS, MRT)

\_\_\_ For the APV project, the building of APV MEPRS codes and APU Locations must be complete before other sub systems can do their file and table builds.

Refer to PAS, PAD, CLN, and MRT IUGs

#### **B.3.3 LAB.**

\_\_\_ LAB/INTERFACES

Regarding APCOTS, refer to the MPL Enhancement (Lab IUG).

Regarding DBSS Blood Bank interfaced sites, there are screen changes as a result of this upgrade to the laboratory test ordering screens and results retrieval.

**B.3.4 MCP.**

**A. USE CURRENT END ELIG DATE TO DETERMINE AD DISENROLLMENT**

MCP/CONTRACTORS

— Sites must coordinate with the Lead Agent/Tricare contractors to determine how long a grace period, if any, should be established for AD patients before disenrollment occurs.

**B. SET PCM CAPACITY FOR MEDICARE ENROLLEES**

MCP/PAS

— Sites enrolling Medicare patients may now establish PCM capacities for each PCM.

**C. LIST ONLY PCM GROUP MEMBERS IN HELP TEXT**

MCP/PAS

— If no provider shows in the "Referred by" field, a user can display a list of PCM providers.

**D. DISPLAY DEERS INFO IN MTF BOOKING FOR MEMBERS NOT ENROLLED**

MCP/DEERS/PAS

— CHCS will interface with DEERS. DEERS Information stored in the Patient File for patients not enrolled on the local system will be updated every time a DEERS check for that patient is made.

— Enrollee Lockout must be activated in the clinics to utilize enrollee lockout screen enhancements.

— All users performing new registrations, full or mini-reg, may be able to view a patient's Tricare status.

**E. AUTOMATIC ELIGIBILITY CHECK FOR CONDITIONAL ENROLLMENT**

MCP/DEERS

— Users may still process conditionally enrolled patients manually as before, although CHCS performs DEERS checks and updates enrollment status every 7 days if appropriate.

#### F. AD ASSIGNMENT TO EXTERNAL PCM

##### MCP/DEERS

- \_\_\_ DEERS will count AD personnel assigned to contractor PCMs as being assigned to the contractor and will display that DMIS ID.

##### MCP/CLN

- \_\_\_ Active Duty Personnel may now be assigned to Providers with Agreement types of NET and SUP.

#### G. PROVIDER PLACE OF CARE INACTIVATION

##### MCP/PAS

- \_\_\_ PAS Clinics/MCP Places of Care and providers can be inactivated in a similar manner now.
- \_\_\_ PAS inactivation of Clinics and Providers will affect MCP Places of Care and MCP Providers. MCP Supervisors should be members of PAS Supervisors Mail Groups or have their mail also attached to the PAS bulletins SD INACTIVATE PROVIDER and SD INACTIVATE PLACE OF CARE.
- \_\_\_ MCP inactivation of providers via the PAS PROVIDER PROFILE screen in GNET will affect PAS Providers.
- \_\_\_ MCP Inactivation at the Group and Place of Care Level within the menu option GNET ARE NOT PAS inactivations.
- \_\_\_ Inactivation of providers via any other CHCS functionality will affect PAS and MCP. CHCS will display a message informing the user if the provider has open appointments, wait list requests or linked enrollments.

#### H. UIC TOTAL SOLUTION

##### MCP/ALL

- \_\_\_ All functionalities will be affected.
- \_\_\_ MCP UIC/PCM links must be reviewed and corrected where necessary.

#### I. EBC

Refer to EBC IUG.

**B.3.5 PAD/MSA.**

- \_\_\_ Confirm that all Common File data related to PAD/MSA is entered.
- \_\_\_ Workflow associated with the new APV software is strongly integrated amongst several functional areas. PAD Supervisors would be advised to initiate communication with their counterparts in the Patient Appointment Scheduling workcenters to assure efficient utilization of this software.
- \_\_\_ Workflow associated with the new DD7A software is strongly integrated amongst the PAD and PAS functional areas. PAD Supervisors would be advised to initiate communication with their counterparts in the Patient Appointment Scheduling workcenters to assure efficient utilization of this software.

**B.3.6 PAS.**

- \_\_\_ APV clinic build must be coordinated with CLN and MRT functionalities.

**B.3.7 PHR.**

PHR/CLN

- \_\_\_ If the site decides to use dispensing software, pharmacy needs to communicate the impact on physician/nurse users. The Patient Order List (POL) displays RX dispensing information and mail messages are generated when RXs are marked non-compliant.
- \_\_\_ Drug lookup of a compounded drug via CLN option DRUG will display the title 'Compounded Drug' and a listing of all the drug products it contains and their respective American Hospital Formulary Service (AHFS) Classifications. Drug lookup by means of '[therapeutic class]' will include any compounded drugs containing members of the specified class. Compounded drugs will not generate a Patient Medication Instruction Sheet(PMIS).

PHR/CLN/PAD/PAS

- \_\_\_ Discuss procedures for entry of APU orders between Pharmacy, Clinical and PAS/PAD supervisors to ensure the timely ordering and processing of medication and IV orders on APV patients.

PHR/INTERFACES

- \_\_\_ The fill cost is transmitted to CEIS and MCHMIS.

PHR/CF

- \_\_\_ The Provider Screen Changes should be reviewed in the 4.6 Common Files IUG.

**B.3.8 RAD.**

- \_\_\_ The development of the Ambulatory Procedure Unit will now allow CLN/LAB/RAD/PHR to place and process orders on a new page - Ambulatory Procedure Visit (APU) on the Patient Order List (POL) screen. The APV page is created at the time the Ambulatory Procedure Request is made via Order Entry or by a PAS user when an appointment is 'booked.' When the order is activated, CHCS will communicate a request to schedule an APV appointment through the PAS software. However, the APU page will not be activated until PAS completes the appointment process - KEPT appointment. If pre-op orders are entered on this page but the appointment has not been KEPT, Radiology will NOT be able to see or process these orders, which may result in duplicate order entry once the APU page has been activated.

It is recommended that pre-op x-rays continue to be placed on the 'Outpatient Page'.

**B.3.9 MRT.**

- \_\_\_ Appropriate file rooms should be created to STORE the NEW Standard Record Types (APV, etc.). Will PAD or PAS create these file rooms?
- \_\_\_ All PAS/MCP personnel responsible for creating APV records must have access to APV file rooms storing those records. This means assigning them file room security keys (if any are assigned to APV file rooms).
- \_\_\_ It must be decided which file/table POC (PAS or MRT) will enter APV file rooms into the system.

#### **B.4 FILE AND TABLE CHANGES.**

##### **B.4.1 CLN.**

File and table time for data collection and build may be extensive, depending on what enhancements a site chooses to activate and what files were built previous to 4.6. It is recommended that each section of this IUG be thoroughly reviewed before deciding to utilize it's enhancements.

Coordination with other subsystems will be necessary for some of the enhancements. Once a decision has been made, review the File and Table section before activating.

Note: Some F/T build may be done pre or post-load.

- \_\_\_ To support the use of Nursing Due lists, make entry in a new field in the Clinical Site Parameters called 'Days to Collapse the Past APV Page:'. This parameter should be set before the site begins using the APV page options.  
Est. Time: 1 minute
- \_\_\_ Work with builder of Common Files to name the APV page by using the first three characters from the abbreviation field in the Hospital Location File (#44) and adding '-APV'. The abbreviations entered for these locations should not begin with the same three characters (i.e. 'SDS...' or 'APU...'). (Refer to Common Files Sections on F/T)
- \_\_\_ If the site plans to use Nursing Documentation options, file and table for the Nursing Order file should be reviewed.  
(1-4 hrs.)
- \_\_\_ Consults must be defined for a specific clinic to result and designated as SCHEDULED if not currently with that Schedule type (do this post-load so as not to upset current Consult processing). Consults in CHCS are maintained as ancillary procedures.  
Est. Time: 1-2 hrs.
- \_\_\_ The Progress Note Title (PNM) option must be populated before the users will be able to document notes.  
Time Est.: 1 min./note title
- \_\_\_ Assign the NS DISCHARGE security key for authorized users to access the 'Discharge Summary Enter/Edit' option. Any Nurse/Clerk users who transcribe D/C summaries and all doctors who discharge patients require this key.  
Time Est.: 10min/20users



- \_\_\_ Populate the Patient Instructions file with discharge summary instructions. Populate the 'Discharge Summary Text' file with predefined summary templates for import into summaries.  
Time Est.: 1 hr. - 1 week (depending on number)
- \_\_\_ Assign NS IMM security key to authorized users who must access the 'Immunization/Skin Test Enter/Edit' option for the purpose of documenting.  
Time Est.: 10 min/20 users
- \_\_\_ Review the immunization file in the 'Immunization Maintenance' option (IPM) before the use of this option.  
Time Est.: 4 hrs.
- \_\_\_ Assign the DG TRANSPORTABLE RECORDS security key to the appropriate Clinical personnel for this effort.
- \_\_\_ Coordinate with the Systems personnel to define TCPR parameters regarding the IP addresses of sites you wish to communicating with.
- \_\_\_ Ensure that the Clinical Site parameters to enable TCPR Mini-Reg and Purge TCPR records are set. Defaults are Yes and 7 days.
- \_\_\_ Ensure that the Clinical Site parameter for purging Problem Selection Lists is set. Default is 365 days.

#### **B.4.2 COMMON FILES.**

##### **Pre Load:**

- \_\_\_ Determine which Divisions have inappropriate MTF entries. These will need to be fixed.
- \_\_\_ Determine which hospital locations have inappropriate MTF entries. These will need to be fixed.

##### **Post Load:**

- \_\_\_ After all sites on a given CHCS system agree on one name to designate for the System, and values for the other fields in the file, then they can enter a Host Platform.
- \_\_\_ In the case of hospital locations with inappropriate MEPRS codes, A determination will need to be made as to who uses the location if anyone. If no one uses the location, it

should be inactivated. If the location is being used or orders are being made using it as a requesting location then a determination should be made as to what MEPRS code it should be using and whether the "Location Type" is correct.

- \_\_\_ Hospital Locations with the MEPRS code or Cost pool Code inconsistent with the Group ID of the hospital location will need to be fixed.
- \_\_\_ Medical treatment Facility file entries can be edited as necessary.
- \_\_\_ APU MEPRS codes will need to be edited.
- \_\_\_ APU Hospital Locations will need to be linked to DGA\* MEPRS.
- \_\_\_ Mail bulletins need to be attached to appropriate mail groups for inactivated providers or places of care to insure that system generated messages get to the appropriate people

#### **B.4.3 LAB.**

Concerning Anatomic Pathology and APCOTS, this upgrade will not affect sites that have already completed File/Table for MPL. There are no software changes from CHCS versions 4.52 to 4.6.

- \_\_\_ For all DOD-selected and funded sites using APCOTS that have not performed File/Table for MPL, complete file and table build.  
Time Est: 1-2 hours.

#### **B.4.4 MCP.**

##### **A. USE CURRENT END ELIG DATE TO DETERMINE AD DISENROLLMENT**

- \_\_\_ Set Grace Period Parameter field if needed. Default is 120 days if no action is taken.

Menu Path: CA>PAS>MCP>FMCP>FTAB>PARA

##### **B. SET PCM CAPACITY FOR MEDICARE ENROLLEES**

- \_\_\_ Reset PCM Capacities if necessary. 5 mins per PCM Group

##### **C. LIST ONLY PCM GROUP MEMBERS IN HELP TEXT**

None

D. DISPLAY DEERS INFO IN MTF BOOKING FOR MEMBERS NOT ENROLLED

None

E. AUTOMATIC ELIGIBILITY CHECK FOR CONDITIONAL ENROLLMENT

None

F. AD ASSIGNMENT TO EXTERNAL PCM

\_\_\_ Define AD capacities for External PCMs with agreement types of NET and SUP via menu option GNET unless unlimited capacities are desired. 15 mins. per Provider Group.

G. PROVIDER PLACE OF CARE INACTIVATION

\_\_\_ Ensure PAS TaskMan Bulletin, SD WEEKLY CLEANUP, is tasked to run weekly.

\_\_\_ Attach PAS/MCP Supervisory Mail Groups to the new Mail Bulletins SD INACTIVATE PROVIDER and SD INACTIVATE PLACE OF CARE.

H. UIC TOTAL SOLUTION

None

I. EBC

Refer to EBC IUG.

**B.4.5 PAD/MSA.**

Post-load PAD/MSA File and Table changes:

Estimated time: 10-20 minutes

\_\_\_ Verify that all necessary MASCAL File and Table information has been relocated in the new MASCAL Parameters (MAS). Menu Path: PAD>SDM>MAS

\_\_\_ The DD7A Outpatient Billing Table should be populated with the correct rates for each B and C level MEPRS code. Menu Path: MSA>D7A>DTE

\_\_\_ The APV Record Parameters should be populated by authorized Clinical Records Department supervisors.

**B.4.6 PAS.**

- \_\_\_ The Host Platform name must be entered into the Hospital Location file.
- \_\_\_ The clinic profiles need to be reviewed to ensure that they are set up with the correct service so that booking can search across divisions.
- \_\_\_ The site must populate the Service Type file through PAS post install.
- \_\_\_ APV clinics must be set up in the PAS profiles.
- \_\_\_ Record tracking file rooms must be created for APV records. Any file room security keys need to be assigned APV PAS users.
- \_\_\_ A PAS bulletin SD WEEKLY CLEANUP should be tasked to run weekly. Attach bulletins SD INACTIVATE PROVIDER and SD INACTIVATE PLACE OF CARE to the appropriate PAS and MCP mailgroups.

#### **B.4.7 PHR.**

##### Pre-Load:

- \_\_\_ All items issued as stock should be defined as either 'BULK' or 'CLINIC'. This can be done post-load if the user prefers, however, it must then be done via MSI.

Post-Load: (Can be done at users' discretion, will not affect pre 4.6 functionality)

- \_\_\_ If the site intends to use Bar Code, the 'BAR CODE ENABLED' field, in the Outpatient Site Parameters, must be set to 'YES'.
- \_\_\_ The printer(s) that will print bar coded labels must be defined in the Device File.
- \_\_\_ If the site intends to use Dispensing Option/Dispensing Option Enhancement or Quick Dispense, Dispensing Options must be ENABLED for the appropriate Division(s).
- \_\_\_ Compounded drugs in use should be defined via ADN to include all applicable NDC numbers(to a maximum of 8 NDCs or 8 ingredients). If this is done the Clinical Screening software will act against each ingredient. If it is not the

software will process a compounded drug as if it were a single product.

- \_\_\_ The site should be made aware of the new format of the Refill Grace Period and Scheduled Refill Grace Period fields. The defaults of 75% may be accepted or changed.
- \_\_\_ Non-professional users, e.g., volunteers may be assigned Quick Dispense (QRX) as a secondary menu option.
- \_\_\_ Enter APU clinics in Ward Groups.
- \_\_\_ The local cost field in the Formulary must be populated for accurate cost reporting.

#### **B.4.8 RAD.**

- \_\_\_ All Radiology Location schedule templates utilizing 24-hour scheduling will require start and stop time template modification.
- \_\_\_ Enter any record types to be pulled for clinics into the Borrowers Setup File.
- \_\_\_ Add new print fields to Label Print formats if they will be used.

#### **B.4.9 MRT.**

1. INPUT STANDARD RECORD TYPES IN TYPE OF RECORD SETUP FILE
  - \_\_\_ Populate the STANDARD RECORD TYPE FIELD in the TYPE OF RECORD SETUP FILE for all record types currently utilized, as well as any NEW Standard Record Type to be implemented.
2. CREATE AN 'ASCII NOTIFICATION' MAILGROUP:
  - \_\_\_ The System Mail Manager does this. (Menu path: EVE->MM->MGE)  
  
The mailgroup members will be receive a bulletin notifying them that the Record Index/Shipment Data File is ready to be converted to ASCII format and placed on a diskette for shipment to NPRC.
3. ADD 'ASCII' MAILGROUP NAME TO MRT APPLICATION SETUP:  
(Menu Path: PAD-> MRM->{file room}->SD-> APP->second

screen)

— After creating RT ASCII NOTIFY mailgroup, enter name of the mailgroup the new ASCII File Mail Group FIELD in the Record Tracking Application Setup.

4. ALLOW BATCH PROCESSING (Menu Path: PAD->MRM->{file room}->SD->MTS->Movement Type Set-up)

— The 'Allow Batch Processing' specifies whether a Movement can be utilized when records are retired or transferred.

The 'Allow Batch Processing' field for the NEW Movement Type of RETIRE RECORDS MUST be set to YES by the File room Supervisor

5. CREATE FILEROOMS FOR STANDARD RECORDS TYPES THAT WILL BE USED IN RECORD TRACKING

— Enter Menu Path: MRM->{file room}>SD->FSU) and create any new file rooms which will be storing new records.

— Enter new any new record types in the Type of Record Setup (Menu Path: PAD->MRM->{file room}->SD->TYS).

Make sure File room has been added as 'File room Allowed to Store Record.

— Add Standard Record Type to the Application Setup File (Menu Path: PAD->MRM->{file room}->SD->APP->select DIVISION->RECORD TYPES screen)

— Add file room to Borrowers Setup File (Menu Path: PAD->MRM->{file room}->SD->BSU)

— The Database Administrator must complete the Service and MEPRS code fields in the Hospital Location File for all APV File rooms created (Menu Path: CA->DAA->CFT->CFM->HOS)

## **B.5 SECURITY KEYS.**

### **B.5.1 CLN.**

NS CONSULT RESULTS	Allows the user to enter Consult Results and view results after verification.
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NS IMM	Allows the user access to document immunizations from the Nursing Menu.
NS DISCHARGE	Allows the Clinical user access to the Discharge Notes option.
GP EUROP1	Allows the user access to problem lists and progress notes from the Order Entry action prompt.
OR MD MNG	Allows the user to access the Table Maintenance Menu option from the Physician menu.
SD APV	Allows the user access to the MAPV option.
SD APV MINSRV	Allows the clinical user to emergently disposition an APV patient from the ORE action prompt to support an inpatient episode that results from an APV visit.

#### **B.5.2 COMMON FILES.**

No new Security Keys for CF.

#### **B.5.3 LAB.**

No new Security Keys for LAB.

#### **B.5.4 MCP.**

CPZ PCM AGR LOCK

This Key is intended for users allowed to assign AD personnel to External PCMs.

Menus Affected:

ER	Enrollments
BMCP	Batch PCM Reassignment
UBER	Batch Enroll AD
UICP	UIC/PCM Maintenance
GNET	Provider Network

Suggested users: Enrollment Clerks, MCP File/Table personnel, Personnel performing Batch Enrollments, PCM reassignments.

#### CPZ MCSC

This key is intended only for use with the MCSC interface in selected regions. This is here for documentation only.

**\*\*DO NOT ISSUE UNLESS TOLD TO DO SO\*\***

#### CPZ DISENROLL-CANCEL CORRECT (EBC related)

This key locks the menu option DCAN (Cancel Disenrollment).

Menus Affected:

CAN Disenrollment Cancellation/ Correction

#### CPZ TSC LOADER

**\*\*DO NOT ASSIGN\*\***

This key was initially for use with MCSC I and the HL7 MCP transfer. This key should not be assigned to anyone.

### **B.5.5 PAD/MSA.**

MSA DD7A BILLING	Locks access to the DD7A Monthly Outpatient Billing Process (MBP). This key should be given to any/all MSA personnel responsible for processing and finalizing the new DD7A Billing Report
DG APVOUT	Security key restricts access to the report menu of the APV Delinquent Record Tracking Menu. This key should be given to All Clinical Records personnel responsible for APV record completion.
DG APVSUPER	This security key restricts access to the APV Parameters option of the APV Delinquent Record Tracking Menu. This key should be given to the Clinical Records Supervisor
DG APVUSER	This security key restricts access to the APV Delinquent Record Tracking Options. This key should be given to All Clinical Records personnel responsible for APV record completion.



MSA DD7A BILLING      This key will allow a user access to produce an end of month bill for the new DD7A function. This key should be given to MSA personnel responsible for processing this End of the Month DD7A Report.

**B.5.6    PAS.**

SD APV:    Accesses the APV menu.

SD APV KEPTROSTER: Accesses roster of Kept APV appointments.

SD APV MINSRV:    Accesses the APV minutes entry/edit screen.

Attach any APV file room security keys to PAS APV users.

**B.5.7    PHR.**

There are no new Pharmacy security keys for Ver 4.6

**B.5.8    RAD.**

No New Security Keys for RAD

**B.5.9    MRT.**

SD APV                Accesses the APV menu  
Assigned to PAS or PAD users who create APV records.

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APPENDIX C:

TRAINING AND FILE/TABLE BUILD MATRIXES

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TRAINING MATRIX (Version 4.6)

	Demos	Hours	Users	Training	Hours	Users	Handouts*
CLN	Y <sup>1</sup>	4	Nurses/Clks Physicians CLN Spvrs	N	-	-	-
COMMON FILES	Y	2	DBA	N	-	-	-
DTS	N	-	-	N	-	-	-
LAB	Y	1.5	QA/LAB Tnrs F/T POCs	N <sup>2</sup>	-	-	-
MCP	Y	2 <sup>3</sup>	MCP/Tricare Enrlmt Clks HCF	N	-	-	-
MRT	N	-	-	Y	2.5 <sup>4</sup>	MRT POCs	-
MSA/TPC	Y	1	MSA POCs	N	-	-	-
PAD	Y	2.5 <sup>5</sup>	PAD POCs	N	-	-	-
PAS	Y	2	PAS POCs	N	-	-	-
PHR	Y	.5- 1.5 <sup>6</sup>	PHR POCs	N	-	-	-
RAD	Y	2	RAD POCs	N	-	-	-
WAM	N	-	-	N	-	-	-

\*Handouts may be used to supplement demos/training or, in some cases, be used in lieu of training. Appendix E includes the familiarization training plan.

08 July 1998

- 1 -Recommending separate sessions for Nurses/Clerks, Physicians, and CLN Supervisors.
- 2 -If APCOTS is to be activated, additional 2-3 hours Training for key LAB POCs and F/T Build personnel.
- 3 -MCP/Tricare Supervisors 2 hours, Enrollment Clerks 1 hour (can also attend portion of above session), Health Care Finders .5 hour.
- 4 -2 hours, personnel that retire records; F/T Supervisors, 2 hours (can also attend the same session as personnel that retire records); Site Manager or System Specialist .5 hour; PAS Supervisor (if they will enter APV file rooms in system, .5 hour.
- 5 -First 1.5 hours are for Clerks, an additional hour for Supervisors.
- 6 -If Bar Code and Dispense Options ARE used, demo will be 1.5 hours. If they are not being used, a .5 hour demo for PHR supervisors only.

FILE AND TABLE BUILD MATRIX (Version 4.6)

	PRE LOAD	TIME	POST LOAD (PRE-USER)	TIME	POST LOAD (POST-USER)	TIME
CLN	DC	8hrs- 1 week	N/A	-	FT	4-8 hrs.
CF	DC/FT	8 hrs.	N/A	1 hr.	FT	-
DTS	N/A	-	N/A	-	N/A	-
LAB	N/A	-	N/A	-	FT <sup>1</sup>	1-2 hrs.
MCP	N/A	-	N/A	-	FT	1 hr.
MRT	N/A	-	N/A	-	N/A	1 hr.
PAD/MSA	N/A	-	FT	10-20 Min.	N/A	-
PAS	N/A	-	N/A	.5 <sup>2</sup>	FT	1 hr.
PHR	N/A	-	N/A	-	FT	.5 hr.+ <sup>3</sup>
RAD	N/A	-	N/A	-	N/A	1 hr.
WAM	N/A	-	N/A	-	N/A	-

Note: The File and Table build estimates may vary. This is an estimated time line for planning purposes. Use the appropriate sections of the IUGs for detailed information.

DC = Data Collection      FT = File/Table

- 1 -LAB file and table is only necessary if APCOTS is being used at site and MPL file and table build is not complete.
- 2 -For PAS, this time can be used for MRT instead (depending on who builds the file rooms.
- 3 -PHR file and table estimates will depend on which functions are being used (Dispensing option, Barcode, etc.)



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APPENDIX D:

DATA COLLECTION FORMS

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Data Collection Forms

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APPENDIX E:

FAMILIARIZATION TRAINING PLAN

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## Familiarization Training Plan

### MCP V4.6 FAMILIARIZATION PLAN

Sign on to the Training Data Base with the following Access and Verify codes:

A: MCPFMF  
V: MCPFMFV

#### I. AD GRACE PERIOD

- A. Access the MCP Parameters Option  
(MCP>FMCP>FTAB>PARA)
- B. Return <cr> through all the fields to the last one. The default should be 120 and dimly lit. If you simply return through the field, it brightens and sets the AD Grace Period Parameter to 120 days.

Or you can set it to any period between 7-120 or at zero (0).

#### II. SET PCM CAPACITY FOR MEDICARE ENROLLEES

- A. Access the menu option GNET.  
(MCP>PMCP>GNET)
- B. Enter the Provider Group 'FAM MED MTF'.
  - 1. Press the 'NEXT' key.
  - 2. Select (A)greements
  - 3. Select Enrollment (M)ix
  - 4. Select MTF Agreement
  - 5. MEDICARE BENEFICIARY category displays capacity for  
50 patients. Change to 100.

#### III. LIST ONLY PCM GROUP MEMBERS IN HELP TEXT

- A. Access the menu option AHCF  
(MCP>HMCP>AHCF)
- B. Press return <cr> to the 'PATIENT NAME' prompt.
  - 1. Enter the name SINCLAIR,A-I.
  - 2. Select an Active Duty SINCLAIR patient.
  - 3. Return <cr> past the CURRENT DEERS ELIGIBILITY  
screen, Demographics  
screen.

4. Select the action bar item (M)odify.
5. Select the Appointment Referral presented.
6. Select the action bar item (I)nterview/Referral.
7. Return through all the fields until you reach the  
field 'Referred By'  
populated by DREXEL,ALICE.
8. Enter '??'. A window displays only the providers in  
that Group. you may  
select one or press return.
9. If you press return, all providers display.

#### IV. DISPLAY DEERS INFO IN PAS FOR MEMBERS NOT ENROLLED

- A. Access the menu option BOK and USV
- B. Press return <cr> to action bar.
  1. Select the Hand Surgery Clinic.
  2. Enter patient, PICARD,A-I, at the patient prompt.
  3. Follow prompts to book until you reach the message that "this patient in empaneled/enrolled...". The patient's PCM and phone number should display below it. this message will display in clinics where the enrollee lockout is set for patients enrolled in another region or through another facility.
- C. Access any Mini-Registration menu option
  1. Select the same PICARD patient used above and return through the fields or press the 'DO' key.
  2. Enrollment information now downloaded from DEERS will display for all locally enrolled patients including DEERS eligibility information.
  3. Next enter patient name, PHOTON,A-I and repeat step 1
  4. The same fields display with all DEERS information downloaded.
  5. Patients enrolled remotely (another Region) will display that Region code & phone number. Currently, this cannot be demo'd in the Training Data Base.

#### V. AUTOMATIC ELIGIBILITY CHECK FOR CONDITIONAL ENROLLMENTS

- A. This change is transparent to users and cannot be demonstrated in the Training Data Base.

#### VI. AD ASSIGNMENT TO EXTERNAL PCM

- A. Access the menu option GNET  
MCP>PMCP>GNET



B. Select the Provider Group 'FAM PRAC ASSOC'

1. Press return <cr> until reaching the field "ACTIVATE GROUP PROVIDER". Change the flag from NO to YES.
2. Press the "NEXT" key.
3. Select (A)greements from the action bar
4. Select Enrollment (M)ix from the action bar
5. Select the AGREEMENT of NET and press return.
6. At the field "ACTIVATE GROUP PCM", change the flag from NO to YES. Then file by pressing the DO key.
7. Select (Q)uit until reaching the 1st action bar.
8. Select (P)roviders and press return.
9. Select (E)dit and press return.
10. Select FAM PRAC ASSOC from the list
11. Press return until reaching the second screen with PCM Specialties.
12. Move the cursor to the Specialty FAMILY PRACTICE/PRIMARY CARE and press return.
13. Change the flag from NO to YES.
14. Use the directional DOWN ARROW to exit and file.

C. Access the enrollment processing menu EENR.

1. Select the patient name PHOENIX,A-I
2. Complete the enrollment process on this patient and do a (D)irect assignment to the group FAM PRAC ASSOC.

VII. PROVIDER PLACE OF CARE INACTIVATION

A. Access the menu option GNET

1. Select the group FAM MED MTF.
2. Press the NEXT key.
3. Select the (I)inactivate/Reactivate item.
4. Enter a past, present or future date.

B. Please see the Common Files and PAS IUGs for more detail.

VIII. UIC TOTAL SOLUTION

A. Please see the Common Files IUG for familiarization plans.

IX. MISCELLANEOUS CHANGES

A. Please see the EBC IUG for familiarization training.

- B. Please see the PAS IUG for the PAS DEERS INELIGIBILITY Report and APV Appointments.
- C. Please see the Common Files IUG and the Clinical IUG for related familiarization training plans.

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APPENDIX F:

SAMPLE REPORTS

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**Sample Reports**

There are no sample reports.

SAIC D/SIDDOMS Doc. DS-IM98-6002  
08 July 1998

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